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VOLUME VI. 1879—1880.

SAINT LOUIS

Clinical Record,

BOSTON MEDICAL LIBRARY

AN INDEPENDENT JOURNAL

OF

MEDICINE AND SURGERY.

WM. B. HAZARD, M. D., Editor.

W. B. HAZARD, M. D.,
C. A. S. HARRIS, } PUBLISHERS AND PROPRIETORS.

ST. LOUIS:
212 NORTH FIFTH STREET.
1880.

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ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, APRIL, 1879. NO. 1.

Original Communications.

QUARANTINE.

BY WM. B. HAZARD, M. D.

It is the writer's object in the present paper, to collate the views of recent writers and deduce such conclusions therefrom as seem most just and logical. Especial attention has been given to the literature of the recent epidemic of yellow fever and that applicable to the threatened invasion of Europe by the Eastern plague. The theory of the specific nature of the morbid causes producing such diseases as small-pox, cholera, typhus, yellow fever, the bubo plague, etc., is accepted by the writer as established beyond a reasonable doubt. As the chemist accepts the evidence of spectroscopic analysis as conclusive regarding the presence of certain elements in the sun and fixed stars, so the medical observer is justified in recognizing the presence of virulent principles introduced into the human body by the prevalence of well-marked symptoms, even in the absence of *tangible* evidence of their existence derived from the microscope or in response to chemical tests.

The writer believes, with Liebermeister, that certain of these diseases, notably cholera, the plague and yellow fever, are not transmitted from person to person, and that they never originate spontaneously, like malarial fevers, for instance, at least in the United States.

The following passage is quoted from an article by the author mentioned, in the first volume of the American translation of Ziemssen's Cyclopædia of the Practice of Medicine (page 29):

"The tape-worm, even, cannot be transmitted directly from one person to another; and yet it is well known that it only appears under this form after it has passed through a certain stage of development. If we think that a procedure, similar to what we know with sufficient accuracy takes place in the development of the tænia, also takes place in the development of every disease poison: that, for example, the organisms which are at the root of cholera have, in their reproduction, to pass through two stages of development, the one outside the human body, and the other within; then the difficulty which envelops the affair is removed. The fresh discharges of cholera patients contain these organisms in the stage of their development in which, if introduced into the body of another, they do not reproduce themselves further, and can cause no infection with cholera; before they are again capable of it, they must pass through another stage of development outside the body. This occurs, when the discharges remain some time standing, but particularly when they come in contact with great quantities of organic substances that readily decompose, as in water-closets, dung heaps, sewers, or, too, in the soil of inhabited localities that are damp and rich in organic débris. In this stage of development there seems to be a considerable increase of the poison, and after this reproduction it is again in a condition to multiply further in the human body and produce the disease."

However well this explanation may apply to the phenomena presented by epidemic cholera and dysentery, we fear that it is not

applicable to yellow fever. The writer agrees with Liebermeister that neither disease is communicable from person to person, but he also believes that the secretions and excretions of the yellow fever patient are equally harmless at any period, near or remote, after they have been thrown off from the body. It is not claimed that there is anything original in this proposition. It has been enunciated again and again, but it is thought well to reiterate it once more, and give facts from the last epidemic that appear to support it.

If the persons of those sick with yellow fever, together with their secretions and excretions, are powerless to communicate and diffuse the disease, by what means is it spread from one locality to another? This question is of the greatest importance and lies at the basis of quarantine and all repressive and restrictive measures.

It is believed by some, the writer among them, that the morbific principle is some low form of living organized matter—animal or vegetable—that has the power of reproducing itself under certain atmospheric conditions. That this hypothetical organism is reproduced in the human system is not proven, in fact the probabilities are against such reproduction. It is considered very probable that these organisms are abundant in the atmosphere, soil and water of localities where the disease is contracted. Also that there must be present a considerable amount of ordinary decomposing organic material for it to increase in amount to a dangerous degree. And, finally, that a high degree of atmospheric temperature is necessary to the development of any dangerous amount of the disease-producing agency. To state the matter plainly, a section of the soil, water or atmosphere of an infected locality containing the living organisms in vast quantities must be transported to allow of the extension of the disease. The locality to which this section of an infected district is carried must possess a mean temperature of at least 75° F., in order that the poison may reproduce itself. Persons coming in contact with the imported infectious principle will risk contracting the disease; but adjacent localities are in no danger so long as the mean temperature is below the point indicated above.

Among the evidence to be adduced in support of the foregoing, mention is first to be made of the cases of yellow fever which occurred in St. Louis in the Summer and Autumn of 1878.

The first case was that of a youth who, during a visit to New Orleans had been on board of several vessels that had recently arrived from the West Indias. He was taken sick shortly after his return to St. Louis, and died with all the symptoms of yellow fever. No case of the disease afterwards occurred that could be traced to contact with this one.

The next cases occurred among people who had arrived from Port Eads, at the mouth of the Mississippi. They had left there on the 7th of August, arrived here on the 10th, and the four fatal terminations were reached on the 13th, 14th, 15th and 16th of the same month. Several cases which recovered also occurred among these people. No case of the disease occurred among the persons who attended them during their illness or among those brought into contact with their clothing or persons.

Cases occurred among refugees from New Orleans, Vicksburg, Holly Springs and Memphis, not only in all parts of the city, but at the City Hospital and Quarantine. At the latter institution thirty-eight deaths occurred from yellow fever among the one hundred and twenty-five refugees detained there during August, September and October. Many of the refugees were found to be suffering from malarial fevers, one was a case of pneumonia, and some of them had other affections of a trivial nature.

Of the three indigenous cases that had their origin at Quarantine, two died: the physician in chief, Dr. H. C. Davis, and

a daughter of the Steward, Katie McSorley, a child about twelve years of age. The Stewart, Mr. B. McSorley, had a severe attack of the same disease, but recovered. One engineer, one deck-hand and a cook on the steamer Edwardsville, employed in the transportation of patients and supplies to and from quarantine, also died of yellow fever. One nurse at the City Hospital, who had attended yellow fever cases, also died from the same disease. These are all the indigenous cases that were reported to the health department.

The Edwardsville, while at Quarantine, was frequently moored in close proximity to, if not in contact with, steamers but just arrived from the infected towns of the lower Mississippi. She and her crew were thus brought immediately in contact with "sections of the atmosphere" of Memphis and Vicksburg. The infection of some of her crew was to be expected—its occurrence can give rise to no surprise.

In a still greater degree were the risks of infection from the same cause encountered by Dr. Davis, whose duty it was to board and inspect every vessel coming from suspected ports. That he should contract the disease was almost inevitable. He was a brave man, one worthy of our highest admiration and respect, and we cannot but regret that he should have been made the victim of official stupidity.

On their arrival at Quarantine, vessels from the South were moored to the windward (most of the time) of the quarters occupied by the Steward and his family and by the physicians. It is not known that the Steward went on board any of the infected vessels, but the presumption is strong that he did so. At all events, the boats detained were brought so close to buildings inhabited by unprotected persons as to endanger their safety. There are many instances recorded of people contracting yellow fever by sleeping to the windward of infected vessels. This theory of the mode in which the Steward and his daughter contracted the disease is certainly more probable than that of contagion from some of those laboring under the disease; for among the nurses, physicians and visitors to Quarantine during the entire period of the detention there of cases of yellow fever, not another indigenous case occurred.

The case of the nurse of the City Hospital remains unexplained. The writer has been able to obtain no information regarding this man's previous history, and no account of his personal movements previous to his illness. At any rate, this is the only instance occurring in St. Louis in 1878, in which contact with the atmosphere of infected localities is neither proven or strongly inferred.*

It is evident that, notwithstandiug the almost unprecedented high temperature of last Summer, St. Louis did not, at any time, offer the conditions of heat, moisture and organic decomposition that appear to be absolutely the essential conditions for the increase and localization of the poison of yellow fever.

The writer would thank Dr. E. W. Jameson, the very efficient Clerk of the Health Board, for courteously offering every facility for the inspection of official documents upon which this meagre epitome of the ravages of yellow fever in St. Louis is founded.

The facts that follow regarding the disease in Louisville, are derived from the official report of Dr. E. O. Brown, physician in charge of yellow fever hospital, Louisville, Ky.

On the 2d of August, the board of health of that city adopted the following resolution, which was as creditable to the wisdom of the officials as to the generosity and courage of the citizens of that noble city:

"*Resolved by the Louisville Board of Health*, That yellow fever having appeared in the Southern cities, any attempt at quarantine would not only be galling and

*It has been suggested that in this case an erroneous diagnosis was made. It is well known that errors of this character are easily committed by inexperienced observers.

detrimental to social and commercial interests, but would be *inhuman* in the extreme, and that, as the agents and representatives of a Christian community, nothing is left us but to provide proper and ample hospital accommodations for such unfortunate sick as may come into our city."

This action of the Louisville authorities is in agreeable contrast with the establishment of "shot-gun quarantines" in many of the Southwestern cities and villages, and the cowardly action of our own officials in setting up, ostensibly, a quarantine that was but the merest pretence of a protection and kept up simply for the purpose of allaying the fears of some of our Southwestern neighbors. In passing, it may be said, that an effectual quarantine, one that shall exclude all persons coming from an infected district, is impossible in a large city like our own; it will be continually violated and really amounts to nothing except a means of annoying such persons as honestly submit to it. In smaller cities and villages it may be possible to prevent absolutely all intercourse with infected localities, as was done last Summer in Arkansas and Texas, still it is easy of comprehension that gold will pass the lines of a military cordon, and we may believe without much fear of mistake, that the "shot-gun quarantine" is equally vulnerable.

According to Dr. Brown's report, eighty-nine cases were treated in hospital, of which eight were indigenous. Four of these latter proved fatal. Of the entire eighty-nine cases treated, thirty died and fifty-nine were discharged, a percentage of sixty-six per cent. of recoveries. This must be regarded as an excellent result, considering the circumstances under which the most of the patients were received—exhausted by the hardships of their sudden exodus from the plague-smitten cities of the South.

The district in which all the indigenous cases occurred was small in extent and in immediate proximity to the baggage room of the depot of the Louisville and Nashville Railroad, in which a large amount of baggage, movables, bedding, etc., were stored, and some of which remained for a number of days. Dr. Brown states that "many of those that contracted the disease were employed in some capacity about the depot."

This statement clearly indicates that those who contracted the disease in Louisville, also, were more or less exposed to "sections of infected atmosphere," and that their source of infection was *not* the *persons* of patients suffering from the disease in any instance.

The instance of the tug-boat Porter, that carried and diffused the disease along both the Mississippi and Ohio rivers for many hundred miles, is another case in point. In no instance was the disease communicated to any person from the sick people upon this boat. In every instance it was the infected atmosphere, which seemed to envelop her in a dense cloud of wonderful potency for evil, that was the means of spreading destruction about her wherever she moved.

The poison of the epidemic of 1878 seems to have been somewhat different from that of former years. It appeared to be of unusual concentration and virulence. The colored populace were its victims in larger proportions than usual. It appeared to be more fatal in the smaller towns than we should expect from the lessons of former epidemics. And, finally, it seemed to resist the action of cold for a longer time than formerly.

Perhaps this latter characteristic was to be expected. It is possible that the morbific agent may become capable of obtaining a permanent foot-hold upon our country—that it may become acclimated. As Dr. Hubert Airy has argued (London *Practitioner*, Jan. 1879, "Infection Considered from a Darwinian Point of View"), infectious diseases undoubtedly have the capability of becoming modified to correspond with their surroundings. Hence it may be that in the future this disease may carry its invasions further and further north and still later into the cold season.

However this may be, protective and restrictive measures should be put into action. How these may best be accomplished is a question that is occupying the attention of sanitarians all over the globe. There are two different lines of operations —both directed to the same end. Reference is made to quarantine, or measures adapted to excluding the disease from non-infected localities; and those directed to destroying foci of infection and preventing its progress from centers where it is already established.

The presumption is, at first sight, that quarantine might be made effective.

Special quarantine regulations were first instituted at Venice, in 1374, against the plague, and were carried out with a rigor at present unknown. In spite of the most rigid enforcement of the laws, sustained by despotic power, the plague continued its progress and its destructive effects were not appreciably lessened. For a brief history of the institution, reference is made to a valuable article on Quarantine, by Dr. A. N. Bell, editor of *The Sanitarian*, which appeared in the number of that journal for February, 1879.

"Dr. Hirsch proves the uselessness of quarantines; he believes them to be rather centers of contagion, owing to the accumulation of infected garments. He demonstrates that since their first establishment they have never been useful; that even that of Gibraltar, which unites the most ideal conditions of hygiene, was not able to hinder the ravages of cholera in 1866. He adds that the Orientals reject quarantine from religious principles."—*Lyon Médical*, 8 février, 1879.

Dr. Joseph Jones, of New Orleans, one of the most careful and conscientious observers in the ranks of the scientists of the world, writes thus, in the New Orleans *Medical and Surgical Journal*, March, 1879:

"It is my belief that the most strenuous efforts were made, under the direction of the President of the Board of Health, to arrest the propagation of the poison and prevent an epidemic; and that the sanitary inspectors performed their duties as faithfully as ever before in the history of the city."

"It is my belief that the quarantine was as rigid as ever before in the history of New Orleans."

In spite of all this, there were four thousand and fifty-six deaths from yellow fever in that city, in 1878. Hence it seems to the writer that quarantine, as at present conducted, and as enforced for the past five hundred years, has been one grand failure. The reason for this total failure appears to be that the *persons* of the sick have occupied too much attention, while merchandise and movables of every description capable of conveying "sections of the atmosphere" of infected localities, have been the subjects of too little scrutiny and have not sufficiently attracted the attention of sanitary officers.

Isolation of the uninfected has at all times proved of the greatest service in preventing the spread of this class of diseases to individuals and small aggregations of people. The history of the plague is full of instances of this form of protection, individual quarantine, being successful in preserving the lives of some amidst almost universal death. We know its utility in some of the commoner infectious diseases. General quarantine is an attempt to carry out the principle of isolation upon a large scale. That it fails to achieve success is due to a myriad of causes, chief among which is the greed of gain, the commercial spirit which animates so large a proportion of mankind.

The "stamping out process" seems more feasible. When the infectious principle is confined to one or a few localities—when it is strictly localized—it would seem possible to destroy every trace of the material, whatever it is, upon the increase of which the progress of the epidemic seems to depend. This appears to have been accomplished by the Russian authorities in Astrakhan, with reference to the Eastern plague. But these measures must be of the most

thorough character. No timid, half-way policy can be of any efficacy.

Disinfection by chemical agents has been thoroughly and exhaustively tested in the Southern cities, but made no perceptible difference in the propagation of the poison or spread of the epidemic. Dr. Jones says (*loc. cit.*) that "It appeared to be uninfluenced by disinfection, and advanced from house to house, and from block to block, from the different foci of infection."

This was to be expected, because of the physical impossibilities encountered. When the entire atmosphere of a large city, or even of one block of a city, becomes infected with the poison of a disease like yellow fever, cholera or the plague, it is manifestly beyond the reach of any agency that can be wielded by the hand of man. *Fire* alone can cope with such an enemy. This agency has been invoked against the plague in Astrakhan, and apparently with success. But of course this is a disinfectant that cannot be applied to a commercial metropolis in the same way that it could be used among the hovels of the half-savage Cossacks; but it *is* practicable against boats and even large vessels that are proven to be profoundly infected.

From the foregoing the following conclusions have been reached and are submitted without reservation to candid criticism:

1. The poison of yellow fever, and probably that of cholera and the plague, is portable, but not communicable from person to person.

2. Isolation of individuals, families and small communities is possible, and probably will prevent the occurrence of an infectious disease, provided that the isolation is absolute and complete.

3. Quarantine against persons is needless and inhuman in practice.

4. Quarantine against ships, clothing and merchandise from infected localities, if intelligently and thoroughly carried out, may be made effective against the introduction of such diseases into healthy communities.

5. Disinfection with chemicals is impracticable and without effect even when faithfully employed

6. Destruction by fire or a very high degree of artificial heat is the only known means of "stamping out" these diseases when the localities are limited in extent in which they prevail.

7. Wholesale emigration of unacclimated persons from an infected locality is the only rational measure to secure safety after an epidemic is fully under way.

[Since the above was in type the following has been received from the Supervising Surgeon-General of the United States Marine Hospital Service. It is a portion of the Bulletin of the Public Health, No. 39:

"The Surgeon-General of the United States Navy has furnished the following facts in regard to the recent outbreak of yellow fever on the United States steamer Plymouth: On November 7th last four cases of yellow fever occurred on board the vessel while lying in the harbor of Santa Cruz; these were removed to hospital on shore and the ship sailed for Norfolk. Three mild cases occurred during the voyage and the Plymouth was ordered to Portsmouth, N. H., thence to Boston. At the latter port everything was removed from the ship and all parts of the interior freely exposed to a temperature which frequently fell below zero, the exposure continuing far more than a month. During this time the water in the tanks, bilges, and in vessels placed in the store rooms was frozen. One hundred pounds of sulphur was burned below decks, this fumigation continuing for two days, and the berth decks, holds, and store rooms were thoroughly whitewashed. On March 15th the ship sailed from Boston southward; on the 19th, during a severe gale, the hatches had to be battened down and the berth deck became very close and damp. On the 23d, two men showed decided symptoms of yellow fever, and on the recommendation of the Surgeon, the vessel was headed northward. The sick men were isolated, and measures adopted for improving the hygienic condition of the vessel and crew. The Surgeon reported that he believed the infection to be confined to the

hull of the ship, especially to the unsound wood about the berth deck, all the cases but one having occurred within a limited area; and that while the Plymouth is in good sanitary condition for service in temperate climates, should she be sent to a tropical station, probably no precautionary measures whatever, would avail to prevent an outbreak of yellow fever."

This is strongly confirmatory of the writer's views regarding the localization of the poison of yellow fever, and the uselessness of chemical disinfectants. It also contributes to throw doubt upon the power of low temperature to extinguish the poison.]

2725 Clark avenue, St. Louis.

Clinical Reports.

REMARKABLE INJURY.

The Index Finger Torn Off, and its Flexor Muscle Twisted Out to its Origin.

BY THEODOR MEYER, M. D.

In order to appreciate the nature of the injury, it is necessary to state that the patient, Mr. P. G., is a heavy, strong and robust individual, such as passes among physicians by the technical term of *homo quadratus*.

For the purpose of tightening the belt of an engine, which was running, he stepped upon a barrel that he might reach the pulley. The material employed for the tightening was the so-called "pack-yarn," which he let run through his left hand between his thumb and index finger. Through some inattention, the yarn twisted round the latter with a velocity corresponding to the revolutions of the pulley. In an instant he realized the impending danger of having his arm and body involved and crushed. To escape this he upset the barrel and used the weight of his body to break the yarn and to extricate himself from the perilous situation. The plan succeeded with the sacrifice of the left index finger, the corresponding tendon, and a longitudinal faciculus of the belly of the musculus flexor digitorum communis, which was twisted out and remained with the pulley. The whole affair took place in a few seconds, and in the next minute the patient exhibited all the phenomena of aggravated *shock*. In about a quarter of an hour, I found him prostrated, bathed in cold perspiration, with chattering of the teeth and quivering of the entire body, which was increased on the slightest touch, so that tetanus seemed to be impending. There was an oval and funnel-shaped wound extending from the radial side of the middle finger towards the thumb. Its edges were as smooth and clean-cut as if made with a sharp knife, surrounding the capitulum ossis metacarpi digiti indicis. On the volar surface of the arm there was a deep and narrow groove extending from the carpus up to the internal condyle of the humerus, corresponding with the loss of muscular substance. Not a drop of blood had been lost by the patient.

Notwithstanding the formidable and threatening appearance of the case, the patient recovered in a comparatively short time and under a very simple plan of treatment, in which absolute repose formed a prominent feature.

The finger with its appendages next attracts our attention. As already stated, the finger had been torn off at its metacarpal articulation. The integuments were in a similar condition as described when referring to the wound on the hand. There were scarcely any remnants of capsular or accessory ligaments. Upon the dorsal side of the finger were fragments of the tendon and part of the belly of the extensor proprius muscle and at its ulnar side part of the lumbricoid muscle could be observed. On the volar surface the tendon of the m. flexor digit. communis profundus was perfect up to the place where all the tendons

of that muscle unite; thence it was split (longitudinally), the split continuing through the muscular belly, through all its length, and at the external condyle it was torn off in its tendonous portion (*caput*) by which the muscle adheres to the humerus.

The injury is both rare and singular, and therefore of some interest to the practical surgeon. Not less interesting is the *modus operandi* of the causation, which gave rise to so unique an accident. The mechanism of this singular process admits of but one explanation mathematically demonstrable.

The fly-wheel had a diameter of six feet, and made from one hundred and sixty to one hundred and seventy revolutions per minute; the pulley had a diameter of about eight inches. We will assume, therefore, that the former possessed a circumference of twenty feet, and the latter of two feet, consequently the tenth part of the former, then its revolutions must have been sixteen hundred per minute; again, considering that the finger had a periphery of three inches, then its rotations must have been at the rate of twelve thousand eight hundred in a minute. The accident has probably occupied but fifteen seconds, which would involve three thousand two hundred revolutions of the finger. During the greater part of the accident the tendons and muscles were in a state of great tension caused by the resistance of the structures and the weight of the patient.

In-as-much as the longitudinal fibres (muscular and tendonous) are stronger than the cellular tissue which connects them to the adjoining parts, and as the revolutions of the finger tore the transverse connections it was but the simple mechanical effect that the tendon and muscle should have twisted out without much anatomical derangement. The absence of all hemorrhage cannot surprise, since all vessels whence bleeding could have arisen were as completely torsioned as it would be possible to have effected by any means.

BELLEVILLE, Ill.

A CASE OF ASCITES DEPENDING ON SUB-ACUTE INFLAMMATION OF THE PERITONEUM.

BY J. A. FABRICIUS, M. D.

In the latter part of October, 1875, I was called to see Mr. E., aged fifty-two, a well-to-do farmer in my neighborhood.

Mr. E., a man of more than medium height and weighing about one hundred and seventy pounds, gave me the following history of his case: During the spring season of 1875, he was a great deal exposed to the wet; he would not change his wet clothes, but continue to work notwithstanding. Remained well until the middle of August, when all at once he was taken with a very severe chill and the most excruciating pains in his abdomen. He could not eat nor drink anything without a tendency to vomiting; his bowels, which never failed to move regularly as long as he could recollect, had stopped now for three days. Taking the case for fever, he took a cathartic followed afterwards by quinine pills, but finding no relief from these remedies, he now made warm applications, and continued to do so for eight days, declaring that this was the only thing which relieved him. After the fourth night he could move about. Having hardly any appetite and being very weak, he was frequently obliged to go back to bed. In September he noticed that his abdomen was gradually getting larger, and imagining it to be a swelling of the spleen he again commenced taking quinine.

When I saw the patient for the first time, his abdomen was double the natural size, very tender, and distinctly fluctuating, his tongue red and moist, pulse 110, temperature 99¾°, bowels constipated; no anomaly of heart, spleen, or lungs (liver I could not explore on account of the distended abdomen), no appetite at all, felt weary and had to lie down most of the time. Had never been sick before and was a man of good

habits. Ordered aperient pills, California Traminer and good nourishment. A few days afterwards patient's appetite had improved a little, but exudation into abdominal cavity increased constantly. Drastics and diuretics were without avail, while he was very anxious to be relieved of the water.

November 2, had consultation. Paracentesis performed. A thorough examination of the liver revealed nothing; a few days previous the urine showed no lesion of the kidneys, I therefore gave it as my opinion that the ascites in this case could only depend on inflammation of the peritoneum, which was still very tender. My diagnosis was affirmed. Ferri iodid. was ordered.

November 19th, paracentesis repeated, treatment continued.

December 2, Paracentesis. Patient informed me that inasmuch as I had failed to bring about any change in his condition, he would like to try something else, but in case tapping should become necessary, he would send for me. The so-called "water doctors" failed in everything except presenting their bills. Suffice it here to say, the water now returned oftener. Up to January 27, I had tapped the patient seven times, each time drawing off two buckets and a half. He informed me that he had abandoned the "water doctors" then, and was willing to take my medicines again. He also consented to injection of iodine, which I had suggested a few weeks before.

January 28, tapped the patient, leaving one or two quarts of liquid behind. The patient, of whom nothing but skin and bone was left, and who was extremely weak, fainted. Brought him quickly into the recumbent position, wine to revive him, could hardly swallow; waited for over an hour on account of a spasmodic cough, I then, through the canula, injected a solution of Iod. pur. ʒi, potass. iodid. ʒii, aquæ. destil. ℥ii, and then with both of my hands I tried to bring it in connection with the peritoneal surface as much as possible. Ten minutes later I put the patient on one side to let the remaining liquid out, half of which returned. The symptoms which now set in were very alarming. His pulse fell from one hundred and ten to sixty-five, breathing laborious. Very soon afterward his extremities got cold, could speak no more and suffered severely from pain in the abdomen. Stimulants were again tried. Ungt. hydr. and ext. bellad. over the abdomen, besides warm compresses, morphine and bismuth, which allayed the pain very promptly. Fever set in and it was three days before the reaction was over.

Only once more, Feb. 7th, was I obliged to tap the patient; this time only a half a bucket of liquid was taken away, which hardly contained any albumen, while previous to that time it was very albuminous. From this day the transudation recurred no more and the patient gradually regained strength.

All through February and March patient had a splendid appetite and was getting stouter. It must have been that while he was taking too freely of out-door exorcise in the still cool days of March, he took sick very suddenly. I was sent for in great haste, and upon my arrival, found him already speechless, suffering from severe dyspnœa. Pleurisy of both sides had set in very violently, from which patient sank and died the next day.

Here it cannot be denied that, while everything else could not prevent the recurrence of the transudation, the injection of iodine did it. The operation is not new (Dieulafoy, Spengler, Wutger and others have experimented with iodine), it is a rational one. Other pathologically secreting surfaces are restored to their natural functions by it, so can the peritoneum be restored.

In all cases of ascites we ought not to treat the patient merely symptomatically, but find out the true cause of the disease and where the indicatio causalis can be met,

as in this particular case, to give the patient the last chance for recovery; the more so as we are generally perfectly helpless with our internal medication.

While others have tried the injection in every case of ascites coming under their treatment, I think it contraindicated in all diseases of the heart and other important organs.

The operation ought not to be deferred to the last minute of the patient's life, when his strength is already reduced too much, as the reaction may be so great as to kill him.

It is important to know that iodide of potassium coagulates the albumen in the pathological fluctum (as experiment in the test tube will show); therefore it is best to make the above solution in water.

I shall certainly be very thankful to learn from any of my fellow practitioners who have had experience in regard to iodine injections in ascites.

MASCOUTAH, Ill.

DYSPEPSIA FROM CONSTIPATION.

BY JOSEPH L. BAUER, M. D.

Much has been written upon a disease which is supposed to linger within the stomachs of at least one-half of the native population of America. Indeed, the more that is said the less is accomplished for its relief or alleviation. Its insidiousness is the more to be feared on account of its varied complications of a dangerous character. I mean dyspepsia, indigestion, etc., etc. Of late I have had several opportunities of testing the merits of the old and new ideas of its treatment, only to find that I have grappled in vain. I write this short note in order to call forth some discussion, and to recite my ideas as to its causation and its consequent treatment. Although I do not claim any originality in the proposition, still, I have doubted its propriety time and again until at last fully convinced of its truth. If I am not mistaken, Prof. Louis Bauer, of your city, is one of its firm advocates, and his results alone are consistent arguments in its favor.

I will relate a case of the disease which I have lately attended, and state my reasons for its treatment:

H. L., a farmer, aged forty-five years, has been sick eight years. Previous to his sickness he suffered from constipation, which was generally relieved by aperients. During his illness he has made a trip to Europe, in order to partake of some of its mineral waters and to consult with some prominent physicians; but he derived no benefit from them. He has consulted physicians in his vicinity whenever he required it, but nothing had the desired effect. His last physician consigned him to the incurable list.

When I was called, the following presented itself: Upon entering the room the temperature was unbearable and the patient in a profuse perspiration; I requested the opening of doors and windows in order to have a little fresh air, but the patient remarked that he was always very chilly without a large fire; I insisted upon it and proceeded with the examination: Tongue coated and dry, with fiery edges; skin pale and sallow; perspiration clammy and odorous; pulse weak and rapid; urine scanty and high-colored; bowels constipated sometimes for four days; appetite moderate, with pain and fulness after eating. Liver and spleen were normal, but the stomach and intestines were distended with gas and very painful. He, of course, had frequent bitter, gaseous eructations, and presented a good picture of hypochondria.

It will be seen that I had a genuine case of dyspepsia to deal with, so pronounced by all of his physicians and myself. I immediately prescribed for him light diet, fresh air and healthful exercise; also a combination of quinine, herb belladonna, bismuth and lactopeptine. This availed

nothing, as all the other *etceteras* prescribed for this disease that were at hand. Acting upon the new theory, as suggested above, I prescribed a pill composed of ext. hyoscyamus, ext. colocynth comp., ext. aloes aquos. and Rochelle salts as an aperient, and gave the following medicine additionally:

℞ Bismuth subnitr. - - - ʒss;
Tinct. nucis vomicæ - - ʒii;
" belladonnæ - - - ʒiss;
Syr. rhei. arom. - - - ʒi;
Aquæ. destil. - - - - ʒiiss;
Misce. ft. mistura.
Sig. A teaspoonful three times daily.

Under this treatment, my patient improved rapidly, and three months having elapsed since his recovery, finds him enjoying good health.

Dyspepsia has usually been recognized as an independent disease, with a pathology peculiar to itself; thus it has been treated from time immemorial. Now, I think that it is a secondary condition, dependent upon obstinate constipation of the bowels. In this case, we have the previous history of constipation as the primary cause, and in whatever way the constipation may have been produced, his symptoms followed in logical order. In these cases of constipation, we have, in the first place, fæcal decomposition generating irritating ammoniacal gases; second, intestinal distension; third, paralysis of the intestinal muscles; fourth, cessation of peristaltic action; fifth, the passage upward of the gases into the stomach, producing irritation and erosion of the mucous membrane of that viscus.

Upon this hypothesis, I based my treatment and find that my results at least give some evidence of its truth. If I have reasoned incorrectly, I hope some experienced practitioners will take up the subject and test the truth of my suppositions. In this connection, I would state that the pills in question were made by Parke, Davis & Co., of Detroit, and have proven very effective. Their process of sugar-coating prevents the mass from getting dry and indigestible.

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Translations.

(Translated for the Clinical Record.)

RECENT RESEARCHES ON CEREBRAL SURGICAL PATHOLOGY—TREPHINING AND CEREBRAL LOCALIZATIONS—(*Journal de Méd. et de chir. pratiques*, mars, 1879).—The editor of the *Journal* has recently written a work Trephining Guided by Cerebral Localizations, and in the March number he gives a review of recent progress in this direction, from which we condense the following:

He considers trephining not to be a formidable operation, and that it may often be practiced with success and profit.

Clinical facts show that a shock limited to the anterior half of the parietal bone produces divers forms of paralysis. An examination of 13,000 cases of wounds of the head that occurred in the late civil war in the United States, shows 173 cases of localized paralysis, in 139 of which the details were given showing that the parietal bone had been affected, and, consequently, the cerebral cortex situated beneath it. These paralyses of the arm, leg, both lower extremities, the fore-arm, etc., were in certain cases caused to disappear by operation; the earlier the operation was performed, the more certainly was this result obtained.

Dr. Lucas-Championnière thinks he has demonstrated the capital importance of the following proposition:

"There is a region of the brain that is motor, composed of centers upon which voluntary movements depend; when traumatism affects it, the paralysis that supervenes indicates the portions of the brain involved in the injury."

The portions of the cortex in front of and behind the fissure of Rolando, are those recognized as motor. The line over which trephining may be practiced successfully for the relief of localized paralysis is found in this way: measure a line seven centimetres (2¾ inches) horizontally backwards from the external angular process of the frontal bone, then another three centimeters (1¾

inches) perpendicular from the posterior extremity of the first line, then connect the superior extremity of the second with a point situated fifty-five millimeters (2 1-6 inches) posterior to the bregma. Trephining over the oblique line thus formed will relieve pressure from the motor tract, according as it is practiced in the upper or lower portion of its extent. He thinks that in the future this line may be made use of in relieving spontaneous as well as traumatic lesions. The operation itself is easier of performance than ligature of the great vessels. It is of little gravity, even in hospitals, when the antiseptic method is employed.

Dr. Duret has recently published an important work—Experimental and Clinical Studies of Cerebral Traumatisms—in which he gives us a new theory of concussion of the brain. He believes, from his experiments, that the cerebro-spinal fluid conducts the force of a blow received upon the head to the medulla oblongata, or to the ventricles, inflicting injury, severe or trivial, according to the point receiving the blow, and its force. If the force transmitted thus be violent, paralysis may be complete; if the lesion be slight, exaltation of function takes place. From inflammatory reaction we may observe symptoms of exaltation followed by paralysis. Hemorrhage produces the same symptoms as shock. Solid bodies, spiculæ of bone, act by pressure as well as by irritation. It is easy to conceive how necessary it is to remove them, for they have a direct local and a general action upon the nervous system.

One of the most remarkable points brought forward by Dr. Duret, is the demonstration of the part played in head troubles by direct irritation of the dura mater. The exasperated sensibility of this membrane determines reflex phenomena in the muscles—spasms and contractions—troubles of pulse and respiration, and vasomotor changes in the cerebral hemispheres (drowsiness and coma).

Henceforth, it may be said that we have acquired a better understanding of the value of symptoms due to lesions of the nervous centers, and the necessity of removing all sources of irritation and compression from the intra-cranial soft parts, including the dura mater.

Treatment of Malignant Scarlatina. (*Ibid;* Clinic of Dr. Bouchut).—When scarlatina is benign, when its course is regular, the treatment should be confined to regulating the hygiene. In this regard, it should be indicated that it is necessary that the child should be only lightly covered in his bed, notwithstanding the opinion of the people who, under pretext of causing the eruption to "come out well," are always ready to overload the patient with coverings. Now, this point is not an insignificant one, for by this vicious practice the temperature of the patient may be raised in notable proportions. In malignant scarlatina, on the contrary, the intervention of the physician should be very active; there is one important element that must be especially considered—the temperature. When this rises to 41° C. (106° F.), and the eruption appears in livid, cyanosed patches, then we have to deal with a form of extreme gravity, which may also be recognized by a sign that Dr. Bouchut indicated long ago: When in the course of a normal eruption we make a line upon the skin by drawing the finger nail over it with some force, this line remains white for some time because of the contraction of the capillaries under this excitation; in very grave cases the skin ceases to be thus impressionable (*chatouilleuse*), the capillaries no longer contract, the white line is not produced; there is a paralytic stasis of the blood. This sign is of the greatest gravity, and, according to Dr. Bouchut, always indicates that the case is a fatal one when it is treated by the ordinary methods. There is only one single method of treatment that can save a certain number of these cases, this

is Currie's method: that is to say, the employment of cold water. However contradictory it may appear (for so far from favoring the eruption, it would seem that the means employed ought to hinder its development), it should be known that we can save two-thirds of these patients in this way, and we must not fear to assume the responsibility of using a process so contrary to general opinion. Currie's method, completely carried out, consists in plunging the patient into a cold bath at least three times a day, according to the lowering of the temperature obtained. Dr. Bouchut thinks that the same results may be reached in a much easier and more practicable manner by the use of cold ablutions that may be repeated upon the patient while he is in bed, every hour or every two hours. The amelioration thus obtained is almost always very rapid, and greatly facilitates this method of treatment.

RETENTION OF URINE CURED BY METALLOTHERAPY. (*Ibid*).—M. Dupuy reports in the *Gazette obstétricale*, a case of retention of urine in which he made a happy application of metallotherapy. The case was that of a hysterical woman, aged forty, who had been treated for several years for a permanent and painful spasm of the neck of the bladder, accompanied by a slight metritis and well-marked hyperæsthesia of the left ovary. Last year she had retention of urine which for five months required daily catheterism. This was cured following antispasmodic medication and the employment of belladonna suppositories. The cure lasted until last November, when retention reappeared, more painful and more tenacious than ever. Introduction of the sound provoked spasm of the urethral muscles, and soon produced a feeling of smarting and atrocious pain, and often provoked an attack of convulsive hysteria with loss of consciousness. From this the patient came to dread the catheter to the degree of refraining from drinking, and enduring the tortures of thirst for two or three days together in order to delay the moment when the sound would become indispensible. Matters were in this condition when, after having exhausted the entire series of antispasmodics, M. Dupuy thought of having recourse to metallotherapy. To discover the metal suited to this patient, she having convulsive tremors of the extremities, he ascertained that gold applied to the skin increased the convulsions, while other metals, such as copper, steel and silver, made them disappear at once. M. Dupuy then applied over the vesical region and around the upper part of the thigh, Dr. Burq's armatures composed of these metals, and one hour afterwards the patient urinated abundantly and without pain. Since that moment the catheter has not been needed; when the urine is retarded in its flow the armatures are applied and micturition takes place naturally, sometimes, with pain. The ovarian hyperæsthesia has also disappeared, and the patient can swallow more easily, thanks to the armatures.

INFANTILE PARALYSIS. (*Ibid*).—Dr. Bouchut is convinced that electrization of the paralyzed muscles should be commenced as soon as possible after the onset of essential paralysis of childhood. The general opinion has been that electricity should not be used in these cases until some time has elapsed from the supervention of the paralysis. Dr. Bouchut thinks this is the cause of treatment being fruitless in many instances. In one case in particular, he used electrization forty-eight hours after the appearance of paralysis and the cure was complete. He has since seen the same treatment carried out by his advice in several cases with the same good results. Continuous currents was always employed, "they constitute the true electricity of nutrition." Adjuvant means were used, such as massage, stimulating frictions and exciting douches.

POST-PARTUM HEMORRHAGE. (*Lyon médical*, 26 janv., 1879).—Dr. Puglièse (de Tarare) strongly commends *inversion of the body*, as the best means of arresting post-partem hemorrhage. The patient is taken by the shoulders and swung round so that the buttocks rest upon the edge of the bed while the head is lowered to the floor. A hypodermic injection of ergotine is then made in the hypogastric region, and the uterus is stimulated to contract by frictions over its surface and irritations applied to its interior. His patient remained thus inverted for about one and one-half hours. When the maneuver was practiced she was pulseless and remained so for several minutes; before the pulse could be detected she regained her senses so as to speak. "The tongue gave signs of life before the radial artery! Inversion alone could work such a prodigy."

ACUTE CEREBRAL MENINGITIS CURED BY LARGE DOSES OF IODIDE OF POTASSIUM. (*Lyon médical*, 29 déc., 1878).—Dr. A. Rodet reported to the National Society of Medicine of Lyons, at its meeting of Dec. 2, the case of a girl of nineteen years with acute meningitis, the cure of which was to be attributed to the iodide of potassium given in very large doses. When first seen by Dr. Rodet, the patient had, for twelve or fifteen days, suffered from intolerable headache limited to the left side, with repeated vomiting, obstinate constipation and sleeplessness. These symptoms had resisted all kinds of treatment, such as hypodermic injections of morphine, ice internally, purgative enemata, blisters to the thighs, sinapisms to the legs, etc. The pulse was one hundred and four per minute; the pupils rather contracted than dilated; light was borne with difficulty, and the urine almost entirely suppressed. The pain was so intense that she cried out at every moment, especially at night, when there was often a marked increase of them.

She had always enjoyed good health. Mental over-work was the only assignable cause of the disease.

A few days later paralysis of the right arm and low delirium supervened. The treatment was at first of a palliative nature, but without effect. After the paralysis occurred, the administration of the iodide was commenced, forty-five grains during the twenty-four hours; this was soon increased to sixty and seventy-five grains per diem. This was followed by rapid improvement, the paralysis disappeared and consciousness returned. In a week the pain in the head was almost gone, appetite and sleep good. The iodide was continued in diminishing doses for several days, when the cure was pronounced complete.

Dr. Rodet quoted eight cases of tubercular meningitis cured by high doses of the iodide, reported by Dr. Bourrousse de Laforre, and published in the *Moniteur des sciences médicales et pharmaceutiques*, May and June, 1851. This author thinks that if the treatment that he commends should succeed in the hands of other physicians as it has in his own, that it would be possible to save more than fifteen thousand patients each year in France alone, and one to two hundred thousand in Europe. In his enthusiasm, he then proclaims that his discovery should be ranked with that of Jenner. Dr. Rodet quotes one of these cases, a child of five years, who had all the symptoms of acute meningitis of the worst type, the child seemed devoted to certain death. The iodide was given in doses of thirty grains in the twenty-four hours, and in five days improvement was marked and continued to complete recovery. He quotes several authors as indorsing this method of treatment, such as Fossagrives, Leroy de Méricourt and Robert Turner. He thinks that the reason many physicians have been disappointed in the effects obtained from the iodide in this affection is that it has been given in too small doses.

MASSIVE PNEUMONIA. (Dr. Grancher in *Revue des sciences medicales*, 15 janv., 1879).—In ordinary pneumonia the bronchitis of the acini and lobules only are

obliterated by fibrinous exudation (croupous or fibrinous pneumonia of the Germans); in massive pneumonia the exudate occupies the larger bronchi and obliterates them also. Grisolle has erroneously believed that these were decolorized blood clots. On the other hand, these cylinders of pneumonic exudation—solid, yellowish and fibrinous—are not to be confounded with the white, tubular and foliated false membranes formed of the concrete mucus of pseudo-membranous bronchitis. The bronchial lymphorrhagia of Henrot, has the closest relations with massive pneumonia. In relation to the symptomatology, the author gives the following: over a very large extent, dulness, more like that of pleurisy than pneumonia; respiration absent, no respiratory murmur; *thoracic fremitus absent.* The latter is a point of the utmost importance, because, according to Monneret, it is the clinical rule to regard the absence of thoracic fremitus as belonging to pleurisy alone. In fact, Dr. Grancher, believing he had to deal with pleurisy, or rather, a pleuro-pneumonia, in view of very pronounced asphyxia, performed paracentesis of the chest, but without result. Pneumonia had been recognized by the presence of the characteristic sputa. Permeability of the bronchi is therefore the necessary condition of tubular breathing, broncophony and increase of vocal fremitus. In Henrot's case the patient succeeded, during a violent coughing spell, in expectorating some fibrinous cylinders, when suddenly the symptoms became changed to those of ordinary pneumonia.

Correspondence.

"THE KING'S EVIL" AND THE EVIL OF KINGS.

If credence is to be given to a statement reaching us from the German metropolis, the progeniture of the Crown Prince is vitiated by struma, through the constitutional defects of her Royal and Imperial Highness, the eldest daughter of Queen Victoria. The eldest son of the Crown Prince suffers from paralysis of the right arm, which is a useless appendage to the future heir of the imperial crown. The third son, Prince Waldemar, has just died, and the remaining children are said to be puny, sickly and diminutive, very unlike their stalwart father.

How scrofulosis could have crept into royal quarters, is beyond comprehension! It is to be assumed that the most perfect hygiene prevails in the palace; that the food of the royal children is ample in quantity and of good quality; that regular habits of the body are insisted upon; and that corporeal exercise and rest are duly proportioned to the mental strain of their education.

Once, the superstition was indulged in by the masses that the royal hand could cure the so-called "king's evil;" now it has become the evil of royal blood!

We are fully aware that the strumous disease changes its presumptive nature like a pathological chameleon, but this *salto* from the hovel into the royal palace is quite a new feature in its history.

LOUIS BAUER.

ST. LOUIS, April, 1879.

Extracts and Abstracts.

CHLORAL IN MALIGNANT CHOLERA.—Augustus R. Hall, M. R. C. S. Eng., reports a case in which recovery followed the hypodermic injection of thirty-two grains hydrate of chloral (*British Med. Journal*). We condense the report from the Canada *Med. and Surg. Journal*, Oct. 1878:

The patient was a soldier's wife, aged thirty, seen in the female hospital, fortress of Gwalior, India, Oct. 27, 1877. She was then in profound collapse; skin cold, lips blue, eyes sunken, tongue and breath cold, finger-ends shrivelled, voice sepulchral, pulse absent from wrist and brachial artery. She had cramps in the hands and feet, a good deal of vomiting, but little purging.

Temperature in axilla, 95.5° F. No dulness in præcordial space, resonance instead, and respiration was heard with the stethoscope over the parts of the chest where the heart sounds are usually perceptible.

A scruple of chloral hydrate was given by the mouth, but was immediately rejected. At 4 P. M., six grains of the same, dissolved in sixty minims of water, were injected into the substance of the left deltoid muscle in the following manner: As the hypodermic syringe employed holds only twenty minims (2 grs. of chloral), the point of the canula was passed through the skin and into the muscle perpendicularly for about the depth of one inch; the syringe was then emptied, and the canula withdrawn until its point reached the areolar tissue, but was not withdrawn through the skin. It was then thrust in a slanting direction at an angle of about forty-five degrees into another portion of the muscle. The cylinder was then unscrewed, again filled, screwed on to the canula, and again emptied. The point was then plunged into the muscle in an opposite direction, and another syringeful injected. In this manner sixty minims of the solution were injected into three different portions of the muscle with only one puncture through the skin, thus lessening the chances of irritation of the cutaneous nerves. Strict attention to these directions are considered as essential to success.

Temperature in the axilla taken every twenty minutes. In half an hour, sixty more minims of the solution were injected into the right deltoid muscle in the same manner. The temperature began to rise steadily. By six o'clock, P. M., eighteen grains of chloral, in one hundred and eighty minims of water, had been injected through three subcutaneous punctures, and the thermometer registered 97.8° F. The cramps had ceased, and the vomiting was less. Some serous evacuations had been passed. At seven P. M., a small quantity of urine was passed. Four more grains of chloral were injected, into the left pectoral muscle. At 8 P. M., temperature was 98° F. Soon after nine o'clock she had a motion of serum slightly tinged with bile. Pulse could be felt in brachial, heart-sounds louder. During all this time she complained of great thirst, and drank as much cold water as she liked, at times soda-water was given for a change, and on some occasions the water was slightly acidulated with sulphuric acid—this she liked, "it cleared her mouth," as she said. At 10 o'clock the temperature fell a little, to 97.8° F., and six grains of chloral were injected into one gluteal muscle, and at midnight four grains were put into the other gluteal muscle, so that in eight hours she had thirty-two grains of chloral injected altogether. At four o'clock, A. M., (Oct. 28) the temperature was 98.2° F., and she had some sleep. The liquid motions were now pretty well colored by bile. At seven o'clock, A. M., the radial pulse could be felt, eighty-two per minute; voice still sepulchral; tongue and breath not so cold. She was drinking water continually, most of which was retained. Temperature varied between 97.4° and 98.2° F. At one o'clock P. M., some urine was passed. Liquid, bilious stools were passed repeatedly during the afternoon. At half-past six, P. M., she said she would like "a good sleep," and was given one scruple of chloral in three ounces of water with syrup, by the mouth, which was retained. Slept two hours. At 8 P. M., temperature was normal, she had a good night. On testing the urine it was found to contain a quantity of albumen. Heart-sounds had become normal.

On the sixth day after the attack the temperature rose to 100.6° F., but never higher, so that she can hardly be said to have had any secondary fever. Some five-grain doses of quinine, however, were given as a precautionary measure. She was fed with plenty of milk, chicken broth and beef tea, when reaction was established, but no stimulant whatever was given until a few days before she left hospital (Nov. 13) when a little brandy and soda-water were allowed. At the places where the injections had been given, there was a little superficial redness and tenderness for a few days; but some mild arnica lotion was applied to the skin, and no further inconvenience resulted. She made a very good recovery.

Mr. Hall follows his account of this case with some remarks, which we condense:

The particulars given apparently show that a very considerable amount of a powerful vascular depressant, like chloral hydrate, can be introduced into the system during the cold stage of cholera without doing any harm. And this taken in conjunction with the fact now generally recognized, that alcoholic stimulants do positive injury in that stage, may give some indication as to

the correct principle of treatment that is required.

He invites particular attention to two of the symptoms observed in this case, viz: the resonant sound emitted by the usual area of cardiac dulness, and the almost total absence of the sounds of the heart, and ventures the following attempt at an explanation of their causation:

"From personal experience of an attack of cholera, the writer feels convinced that at the commencement the contractions of the heart become more forcible, the calibre of the arteries become smaller, and there is generally increased arterial tension, probably caused by excessive stimulation of the vaso-motor center. As the cold stage becomes intensified, the spasm of the muscular walls of the heart is so strong that there is almost a continuous systole, the diastole not being allowed to take place so as to dilate the cavities as in health. It, therefore, occupies a smaller space than usual, and the first sound is only faintly heard, the second being indiscernible. Then, the whole of the arterial muscular fibres being also in a state of contraction, it has occurred to the writer that the heart may be pulled upwards and backwards to a slight extent by the aorta, thus allowing a portion of the lung to occupy its usual position. We are told by minute anatomists, that the small arteries are very contractile, and that the large ones are very elastic, but possess little contractility. But it may happen that the intense stimulation to which the aorta is thus supposed to be subjected may cause it to retract the heart in the manner indicated. The heart, therefore, may be so contracted, and occupy a so much smaller space than normal, that a portion of the lung may get in front of it, and occasion the resonant sound heard on percussion.

"However, whether this may be an approach to the truth or not, the fact may be tested repeatedly, that, in deep cholera collapse, the heart-sounds are not heard. There are, in addition, the cold skin, and no pulse, or very little, felt in the usual localities. Now this state might be brought about if the heart were in a state of dyastole when there would be true syncope. But if this were the actual condition in cholera, it may be affirmed that alcohol would do good instead of harm; as it is universally admitted that, where there is real atony of the heart, alcoholic stimulants produce a temporary benefit. But if, as is supposed here, the heart be in a condition of almost continuous systole, not dilating sufficiently to allow much blood to enter its cavities from the gorged veins, and the arteries be so reduced in diameter as not to allow that little blood to flow properly through them, then the administration of alcohol would, it is presumed, do harm, which experience has shown to be the case. Hence, apparently, a state of pulselessness may be produced by two opposite conditions: in one of which, where there is syncope, stimulants do good; in the other, as cholera collapse, they do absolute harm."

The following points must be attended to by those who use chloral hypodermically in cholera: The strength of the solution should be laid down at one in ten; if stronger, great irritation is produced, even sloughing. If the specific gravity of the solution is too high it will probably not be absorbed at all. As to the mode of injecting, it is strongly recommended to put the solution deeply into the substance of the muscle. Absorption is reduced to the minimum, and if the drug is thrown merely under the skin it will probably not be taken up.

He emphatically recommends the following course of treatment in cholera:

"When premonitory diarrhœa is observed, let all alkalies and opium be specially avoided, as well as alcohol. Dilute sulphuric acid, in half a drachm to drachm doses, in a bottle of gingerade or some syrup and water, diluted as much as will only give a strong, but not disagreeably acid flavor, will probably be found the best thing to take, as often as may be required.

If collapse should set in, or the patient be first seen in that stage, inject at once. Let the clinical thermometer determine the amount of chloral to be administered. The lower the readings, the faster the injections. * * * * * Give the patient plenty of cold water (no ice) to drink. Never mind if it should be rejected; it relieves the great thirst. But do not, under any circumstance, give any wine, spirits or opium. We sometimes hear of the sedative action of opium; but, perhaps, this term may tend to mislead as to its real therapeutic effects. Poisonous doses of the true sedatives, as pointed out many years ago by Dr. Headland, produce death by syncope. Opium causes death by coma apnœa. It is a stimulating narcotic, according to Dr. John

Harley. * * * * If secondary fever should manifest itself, then quinine, according to circumstances, by the mouth, or hypodermically, if the stomach will not bear it. The neutral sulphate is now always used in India for injections. Again, let the clinical thermometer be the guide; the higher the body-heat, the more quinine."

[We have devoted considerable space to this abstract, because of the importance of the topic and the apparent soundness of the views sustained. We hope that this subject will be carefully investigated by all who have the opportunity of observing this truly formidable disease.—ED. RECORD.]

USE OF THE ACTUAL CAUTERY IN MEDICINE.—Dr. E. C. Seguin (*Archives of Medicine*, No. 2) graphically describes and illustrates this subject. He prefers the use of superficial cauterization (*cautérisation transcurrente* of Jobert de Lamballe) to deep burning, and quotes approvingly Brown-Séquard's reasons therefor: "1. The greatest effect upon nerves was thus obtained, because the terminal filaments and terminal organs of sensory nerves are more sensitive than their trunks. 2. Prolonged pain and suppuration were avoided. 3. Patients were able to go about immediately after the operation."

Platinum tips are used because they never oxidize or become rough. Paquelin's cautery or the galvano-cautery are probably the best forms.

His process is as follows: "I make very light parallel strokes with the cautery at white heat over the part chosen as the seat of counter-irritation. I aim to affect only the cuticle, and try to avoid subsequent suppuration. From four to twelve strokes can be made in an incredibly short space of time, and with very little suffering. The patient should be carefully placed with reference to the light and the comfort of the operator, and in many cases it is well to tell the patient to hold a handkerchief over his eyes. One error to be avoided is striking hard at the beginning of the strokes, since that is certain to cause blistering and suppuration. Of course the best skill is baffled by sudden movements of the patient. The strokes should not cross one another, since at the point of crossing too much effect would be obtained.

The only dressing required for a successful burning is a thin piece of old muslin or linen, which is to be pinned or sewed to the patient's underclothing. Burns behind the ear, or the upper cervical region, and on the face, require no cloth. In case of suppuration, simple cerate, carbolized cerate, or vaseline may be applied twice a day."

He considers it highly unphysiological to freeze the skin before applying the cautery. The pain produced is usually slight, less than that of an ordinary blister.

He states that superficial cauterization has been satisfactorily used in the following conditions:

"1. Neuralgias, acute and chronic, of the trigiminus, and of peripheral nerves. 2. Spinal irritation, and the various cerebral paræsthesiæ (pressure, numbness, etc.) whose pathology is now obscure. 3. Spinal congestion. 4. Various forms of myelitis, acute and sub-acute. 5. Epilepsy (not by myself). 6. Intercostal pain. 7. Lumbago, acute and chronic. 8. Articular inflammation. (White swelling of knee, by Dr. McBride; traumatic arthritis of wrist, by myself). 9. Peri-arthritis (chronic rheumatism?), especially of the shoulder. In general terms, the cautery is a potent and harmless substitute for blisters and pustulating ointments, in the various affections where counter-irritation is called for."

He does not claim that it is a panacea, and does not urge its indiscriminate use. It is to be employed only when indicated, and he unhesitatingly condemns the promiscuous burning of patients who present themselves with obscure nervous symptoms, or who are hypochondriacal. The entire article is worthy of careful study.

HEMP-SMOKING IN TETANUS. (*The Practitioner*, Jan. 1879).—Mr. Khastagir has successfully treated five cases of traumatic tetanus under the effect of ganja (hemp) smoking. Hemp-smoking has been long known as a remedy in cases of tetanus, but it has lately fallen into disrepute, owing, as Mr. Khastagir supposes, to the use of the Indian hemp by the stomach instead of by smoking; from the insufficiency of the number of doses ordered, since the effect wears off in the interval; or from the drug being used as an auxiliary to some more potent remedy, in which case its effect is unnoticed. It is therefore proposed to administer the ganja by causing an attendant to keep a smoking-pipe ready near the patient, charged with about fifteen grains of the dried leaves, either alone or mixed

with twice the amount of dried tobacco leaves. On every reappearance of a clonic spasm, the patient is made to smoke the pipe till the leaves are burnt to ashes, on which the muscles of the body instantly relax, the patient shuts his eyes and apparently falls asleep. The attendant again charges the pipe with dried ganja leaves, and watches the patient for the advent of the next spasm to again make him smoke the ganja. In this way the drug has been administered day and night uninterruptedly, during which the irritation of the nervous system slowly, but steadily, yielded to the effect of the drug. The longest time which the hemp takes to cure the disease has—according to the author's observations—been six weeks, the shortest seven days. The only auxiliary medicine that need be used in the course of the treatment, is an occasional dose of purgative mixture by the mouth, or enema by the rectum to relieve constipation. In one case a dose of hydrated chloral was required to be given at night to produce sleep. Milk and soup are the only nutriments which the patient can or should take, until he is able to masticate or swallow solid food; without giving occasion to fresh attacks of clonic spasms. The ganja-smoking has the advantage over the ordinary methods of treatment by Calabar bean, belladonna, etc., inasmuch as its use is self-regulating and the attendant at once knows when enough has been given, whilst the recurrence of the spasm shows that a fresh dose is required. The drug, however, cannot be administered in this way to children, who either cannot or will not smoke. Hence it is of no value in tetanus or trismus of new-born children.—*The Indian Med. Gazette*, Aug. 1878.

SPERMATOCELE.—Dr. C. M. Fenn, of San Diego, Cal., reports a remarkable case (*Pacific Med. and Surg. Journal*) of this rare affection. The patient was a well-preserved inn-keeper, aged fifty-eight. His right testicle was injured by a horse some thirteen years ago. It was much enlarged and very painful, and was eventually lost sight of by reason of a gradual accumulation of fluid above it. At the time of the operation, the penis had disappeared entirely beneath the distended integuments, and the anterior aspect of the scrotum presented a navel-like depression near its center, the remains of the prepuce. An encysted hematocele of the cord occupied the inguinal canal, and, together with the indurated dartos which prevented the transmission of light, obscured the diagnosis, which was, however, established by means of the exploring needle. A trocar was introduced a little below the center of the tumor, and evacuated *eighty-three ounces* of spermatic fluid.

The trocar again ensheathed was brought out through the skin an inch or two higher up. A strip of tape six inches long, and passed through the canula by the aid of an eyed probe, was left in the track of the wound. After thirty hours, the requisite amount of inflammation having been produced, the tape was withdrawn and tepid lead lotions ordered. When the secondary swelling had subsided sufficiently to show that the tunica vaginalis was no longer disposed to refill, the hematocele was attacked in the usual manner by excising a portion of its sack. The wounded testicle has a well-marked transverse fissure, and is yet larger than the sound one. Four months have elapsed and there has been no accumulation of the fluid.

The microscope confirmed the diagnosis. The field was full of spermatozoa, having short, slightly tapering tails, surmounted by an abrupt round head, like the old-fashioned one-half inch pin. He refers to Professor Kuss' statement that, "in men after the age of fifty-five years, the head of the spermatozoid is broader and the tail is shorter."

A CAUSE OF ANÆMIA.—"As soon as the change is made in the dress, from that of a child, custom demands also that she should be protected by veil and gloves from the rays of the sun, and she soon becomes as blanched as a well-cultivated celery stalk. And since the blood needs the chemical effect of sun-light acting directly on the skin, anæmia is established chiefly from the deprivation. This state of the blood is a potent factor in the generation of all diseases depending on impaired nutrition, and entails conditions likely to baffle all medical effort at their removal during the menstrual life of the female."—*Emmet's Gynæcology.*

To illustrate the metric system, the New York *Med. Tribune* (Eclectic), March, '79, makes the following statement: "The half-dime token, nickel, weighs a gram, and is a *metre* (39 369 inches) in diameter." It is said that "a five-cent piece looks as large as a cart-wheel" to some people, and we are inclined, almost, to believe it.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - APRIL, 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

THE COLLEGES REPLY.

The Secretary of the Association of American Medical Colleges has seen fit to attempt a reply to our attack upon the existing system(?) of medical education. He carefully refrains from giving his readers the opportunity of reading our entire article —although he considers it worth answering he does not mention the CLINICAL RECORD— the "cotemporary" from which he quotes. We hope that no fear of the influence our paper might exert upon the minds of its readers has prompted him to suppress the ordinary reference. Although such a fear might be well founded, we prefer to consider it merely an oversight.

Dr. L. Connor, editor of the Detroit *Lancet*, writes in the April number of that journal, a leader upon "Medical Enterprises Financially Considered"—the paper to which we refer. In this he candidly admits the justice of our remarks, as see the following: "The fact is, that of necessity, money-making enters into every enterprise. Were it not for the need of money or its equivalents, we doubt if any persons would take up the labor of medical teaching, medical writing, medical investigation, medical publishing, or even medical practice."

Thus the mouth-piece of the organized medical colleges of America frankly states that money-making is *the* object of medical teaching. Very well; the greater the number of graduates, the greater success in money-making will the colleges attain. The greater the number of graduates, the less there will be for each of them to do, hence the less will each be able to earn. This is a simple mathematical proposition; one so easy of verification as not to embarrass even the ordinary student of a low-grade medical college.

It appears to us that the unclouded light of noon-day could not be more clear than the inference that the interests of the low-grade medical schools are diametrically opposed to those of practitioners of medicine.

The unseemly haste to graduate a large number of students necessarily leads these colleges to accept men without preliminary training of any kind, who would not be able to enter the lowest class of a respectable literary college, who cannot write a request for a college catalogue without the most egregious blunders, and who are unable to add up a column of figures.

We hope we are not "scolding," as Dr. Connor elegantly terms it, when we respectfully call attention to the fact that it is the opinion of the Association of American Medical Colleges that the diploma fee ought not to be abolished. This one proposition shows very clearly the financial consideration that rules that body. The diploma fee is a direct inducement to the weak men (financially and morally weak) to graduate those students who are known to be incompetent. Such men are "passed" and graduated every year; this fact is notorious. Every competent graduate is aware of this, and feels humiliated accordingly. It is diploma-selling of peculiar atrocity. It "out-Buchanans" Buchanan himself.

Again, Dr. Connor states: "With equal propriety it might be said, 'that so long as money-making is the *one* object of the great majority of the medical profession, no serious effort will be made to improve its

status. The same remark may, with equal propriety, be applied to medical journals."

Dr. Connor, strangely enough, appears to forget that a very large number, a majority we believe, of medical journals are supported directly or indirectly by these self-same money-making institutions, the colleges. Withdraw the college subsidies from this class of journals and their mortality would rival that of yellow fever or the Astrakhan plague.

In conclusion we must state it as our conviction, one which we have been compelled to accept by a careful survey of the situation, that it is a policy little short of suicidal for the profession to give its support to the ordinary, money-making medical college. It is more than the mere instinct of self-preservation that prompts us to oppose these "diploma mills" with all our powers, it is a regard for honest dealing, for scientific truth and for the good of humanity.

One word more: Dr. Connor, it appears to us, has cast an unmerited slur upon our profession when he states that "Disinterested professional activity is as rare as disinterested ploughing. It is a law of the world, that the 'workman is worthy of his hire,' and he who pretends that he or any other person is working without hope of any substantial reward, talks moonshine."

The expression, "substantial reward," may mean something different from money or advertising; in this case Dr. Connor appears to be understood as meaning these and nothing else. We must respectfully express our disagreement and our earnest conviction that money-making and glory (*i. e.*, advertising) have not been the only incentives to heroic sacrifice on the part of the countless martyrs to duty of which the medical profession has heretofore boasted.

If sordid gain be the sole motive power in the medical world, let us henceforth say no more about "the honor and glory of the medical profession," let us cease from ethical pretenses, let us give due honor to the advertising quack who amasses his millions, for is he not the most successful money-maker?

Our idea of the profession is a higher one. At least it so appears to us, however mistaken we may be in the eyes of the Association of American Medical Colleges and its courteous and scholarly Secretary. We believe it to be, in greater part, composed of men of high and noble aspirations, whose lives are devoted to science and to the relief of suffering humanity, whether money be made or not. Happily we are not alone in this opinion, however erroneous it may appear to the honorable Secretary of the Associated Colleges.

HEREDITY OF INSANITY.

We learn from a German secular paper that the Prussian government has ordered an investigation into the subject of the hereditary transmission of mental disease among the 22,778 patients in the asylums of that country. The statistics given are those for the year 1877. Of these, it was ascertained that there was evidence of heredity in 6.369 patients, 27.96 per cent. of the whole number. Of this number, in 51.47 per cent. the parents showed evidences of mental derangement; the grandparents were of unsound mind in 23.83 per cent. of these cases; while in 24.70 per cent. the brothers or sisters had been insane.

These are the first official statistics that we have observed emanating from that country, and are of decided interest. We have to regret that the hereditary tendencies of cognate diseases: epilepsy, hysteria, neuralgia, alcoholism, asthma, etc., were not included in this investigation. We regard epilepsy and alcoholism fully as important factors in the progeniture of mental disease as some forms of insanity. With reference especially to prophylaxis, this question is certainly of vast importance to every practicing physician, hence we have no hesitation in bringing it thus prominently before our readers.

ARKANSAS MEDICAL COLLEGE.

A charter was granted this school in 1874, but no steps have been taken towards a working organization until April fifth of the present year. On that date the following gentlemen were elected to fill the different professorial chairs, and doubtless the coming college season will find it ready for work:

William Thompson, M. D., Professor of Principles and Practice of Medicine and Dean of the Faculty.

Jas. A. Dibrell, Jr , M. D., Professor of Principles and Practice of Surgery and Clinical Surgery.

D. H. Dungan, M. D., Professor of Materia Medica and Therapeutics.

Edward Cross, M. D., Professor of Obstetrics and Gynecology.

A. H. Scott, M.D., Professor of Anatomy and Ophthalmology.

J. H. Southall, M. D., Professor of Nervous Diseases and Medical Jurisprudence.

Claiborne Watkins, M. D., Professor of Chemistry and Pharmacy.

J. M. Pirtle, M. D., Professor of Clinical Medicine and Diseases of Children.

J. J. Jones, M. D., Professor of Physiology and Secretary of the Faculty.

Jno. R. Colburn, M. D., Demonstrator of Anatomy.

The editor of the CLINICAL RECORD is personally acquainted with a number of these gentlemen, and can vouch for them as men well qualified to fill the chairs to which they have been elected with honor. He cannot refrain, however, from expressing his regret that it has seemed to them necessary to institute another medical college. His regret will give place to the opposite emotion if the new school should adopt the higher standard—*i. e.*, institute a graded course of instruction extending over three or four years, and accept only such students as prove themselves fully qualified by a genuine, strict and searching preliminary examination. Until we have the requisite information, we shall be sparing of our commendation of the new enterprise.

Book Notices and Reviews.

A MANUAL FOR THE PRACTICE OF SURGERY. By Thomas Bryant, F. R. C. S., Surgeon to, and Lecturer on Surgery at, Guy's Hospital; Memb. Correspond. de la Société de Chirurgie de Paris. With six hundred and seventy-two illustrations. Second American from the Third Revised and Enlarged English Edition. Large 8vo. pp. 945. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth $6; Sheep, $7 50.

This volume could have no better commendation than the name of its author. For a number of years he has been favorably known to the profession by his manifold and most valuable contributions to surgery and acknowledged to be a worthy successor of Sir Astley Cooper in one of the most venerable institutions of charity and learning of the British metropolis. Hence it would seem superfluous to analyze the present publication, unless it were with a view of pointing out his modesty in comparison with the undisputable merit of his labors in the advancement of surgery.

The volume is proffered under the modest title of "a manual," to whom it may concern, entirely free from all that flourishing and often presumption of dedication, which we had but lately occasion to expose as in exceedingly bad taste. In most of the chapters the workings of a master mind are clearly recognizable. The subjects are well and thoroughly discussed, and in form scrupulously plain and perspicuous.

Mr. Bryant is sufficiently English to show a strong leaning toward conservatism. Whenever he can consistently do so, he stands by the British fathers of surgery, and pays to them that obeisance due to their eminent merits; but at the same time he follows the independent course of an individual reasoner unconcerned as to what views ancient or contemporaneous writers may have adopted. Thus, for instance, he takes strong ground against the "strumous" adulteration of joint diseases (page 815),

and advises that the term had better be expunged "from our vocabulary as without definite meaning" or "pathological characteristics." If, in "rare intervals, tubercular deposits may be found in some of the tissues building up a joint, they may be regarded as *pathological curiosities.*" *

For an English surgeon, this is, indeed, a significant departure from ancient doctrine, and Mr. Bryant is the man, and in the position to disseminate his views among the rising surgical generation of Great Britain.

On page 444 the author records his opinion regarding acute obstruction of the intestines in general and in reference to volvulus in particular. We are glad to see him take ground in behalf of prompt operative measures, such as the trouble undeniably demands, and to reject all temporizing treatment, large doses of opium, inflation, etc., as suggested by some other writers. A clear and definite opinion was indeed necessary on this subject, and we are gratified that Mr. Bryant has boldly stated the only rational practice of the day.

Similar innovations may be noticed in various parts of this volume, borne out and sustained by modern pathological research, but we must forego the pleasure of specifying them more fully. On the other hand, we have discovered some remissness, here and there, which should not be passed over, although they scarcely affect the material value of the volume.

Thus, for instance, the author indorses the plaster jacket as "the best kind of apparatus, being simple, economical, easily applied and efficient, etc.;" warning, however, against suspension, when the disease is "acute and progressive" (page 211 et seq.). This sort of treatment may be admitted at the *termination* of the spinal disease, when the caries has stopped, osteophytes or fibrous bands having formed to hold the spinal column in position, but it is surely irrational during the active stage of the disease, when the vertebral bodies are more or less destroyed, softened and unfit to support the superincumbent weight of the body.

The effort to render the treatment of posterior curvature of the spine agreeable and compatible with out-door and active exercise, will be looked upon as a failure by all those who have studied the complaint from a pathological—the only legitimate—point of view.

The author seems not to be aware of any other recto-vesical operation for stone in the bladder (page 399) than that of Vacca Berlinghieri, which, indeed, has no advantage over the lateral or bilateral lithotomy. We may therefore take occasion to call attention to a new operation which was successfully introduced in the year 1859 by the reviewer. Of all operations for the removal of stone from the urinary bladder, it is unquestionably the most direct, passing through the rectum and recto-vesical septum into the triangular space at the base of the prostate into the viscus. The elasticity of the tissues concerned is so great as to allow of the passage of a large calculus through a comparatively small wound (half an inch). And lastly, but not least, permitting closure by wire suture and first intention, which can not be claimed for any other method. In reality it is the same operation which is constantly performed in females for the same purpose and with satisfactory results.

The recto-vesical lithotomy has been put to a practical test and it has answered the most sanguine expectation in every particular.

Doctors Marion Sims, Emmet, and other surgeons of note, graced the operation with their presence and have most emphatically endorsed it as, in appropriate cases, superior to any other method.

Why it should have been so entirely ignored by surgeons and surgical writers is hard to comprehend, unless sheer custom, habit and technical dexterity of Frère

* Virchow and Gurlt hold, that in most cases it is pus having undergone some change.

Beaulieu's lateral lithotomy has retained the lead. At any rate, the operation is so rationally planned as to claim at least literary acknowledgment.

The treatment of rupture of the urinary bladder (page 434), more particularly of its posterior wall, might have been improved upon by the author by, 1, inserting a drainage tube in Douglass' cul de sac of the peritoneum; and, 2, a continuous stream of a mild albuminous fluid of 98° F. through a large catheter and the bladder into the abdominal cavity to wash away the escaped urine.

The opening of the bladder by an operation similar to that of lateral lithotomy, as the author suggests, could not reach the emergency, although it might be commendable in urinary infiltration of the deep pelvic fascia.

Mr. Bryant fails, also, in giving the requisite exposé of sub-acute and chronic prostatitis (page 566). The ordinary causation of these forms is mal-treatment of gonorrhœa by irritating injections. The disorder is almost inseparable from mental despondency, frequent seminal emissions, and, not rarely, the loss of virile potency. Occasionally, irritability of the bladder accompanys sub-acute and chronic prostatitis more especially during night. Nor can we approve of the author's mode of treatment. We have good reason to attach importance to local application of leeches to the perineum—ungt. hydrargyr, etc., with extract belladonna; ice suppositories and the like antiphlogistic resolvents. By these means we have often given instantaneous relief, and not rarely, lasting cure.

We are somewhat surprised to find the author in doubt as to the originator of the duck-bill speculum. He ought to know that Dr. Marion Sims is its inventor at so early a time that Dr. Bozeman's name was yet clouded in obscurity. The latter is, at best, but a talented plagiarist in almost everything that has emanated from that gentleman. *Suum cuique.*

We might continue to touch upon many other points in order to set them right, yet, in-so-much as the volume has already attained its third edition, and has found a ready sale among the profession, we may stop here, presuming that it is fully known in its strong and weak features.

In conclusion we can but add, that the Manual of Mr. Bryant is one of the very best treatises on surgery it has been our privilege to peruse, and surely one of the most commendable text-books to students, for it is mature in its composition, sound in reasoning, full and complete in representing the varied subjects and clear in its diction.

It is needless to say that the book is gotten up in excellent style and worthy the high reputation of the publisher.

LOUIS BAUER.

THE NATIONAL DISPENSATORY. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, Including those Recognized by the Pharmacopœias of the United States and Great Britain. By Alfred Stillé, M. D., LL. D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, and John M. Maisch, Ph. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. With two hundred and one illustrations. 8vo. pp. 1628. Philadelphia: Henry C. Lea. 1879. St. Louis: Gray & Baker Book and Stationery Co. Cloth, $6 75; Sheep, $7 50.

The association of such distinguished authors as Professors Stillé and Maisch in the composition of a work of this character has excited the strongest interest and the highest expectations in the mind of every physician and pharmacist in the country. For once we can truly say that the promise of excellence has been fulfilled to the letter, and the National Dispensatory has come almost perfect from the hands of its makers.

The work includes descriptions of "all crude drugs and chemical and pharmaceutical preparations officinal in the Pharmacopœias of the United States and Great

Britain, together with the more important medicines of the French Codex and German Pharmacopœia, which are to some extent prescribed here, or which may serve for comparison with similar articles in the English and American standards." Many additional articles are included, such as are used in domestic medicine and by physicians.

The alphabetical order of arrangement has been adopted; everything is thus easy to find, and but little is left for the appendix, which contains tables of maximum doses, of weights and measures (including the conversion of the metric into ordinary measures), of the relation of the degrees of Baume's hydrometer to specific gravities, for the comparison of different alcoholometers, for the comparison of different thermometers, of the elements, and of reagents.

The text of the body of the work is not cumbered with references, very few being given. Botanical details have also been generally omitted. The title of each article is followed by all its synonyms, English, French, German and Latin, with the popular name when there is one.

Special attention has been given to the physiological action of drugs as ascertained by experiment. In treating of therapeutics, Prof. Stillé has shown the same judicial spirit that distinguishes his most excellent treatise on Therapeutics and Materia Medica. He has followed those authorities which he deems most trustworthy, and gives *results* without paying much attention to theoretical abstractions. The only fault we have to find with the work, however, is in the therapeutical department.

He doubts (page 74) that salicylic acid has any specific action in acute rheumatism. This doubt most probably arises from the fact that Prof. Stillé has never used the remedy at all in this affection. This he has distinctly stated in a lecture published within a very few months. It is hardly necessary to add that his authority is of very moderate weight in this regard. The evidence seems to us absolutely conclusive that there *is* a specific action, and only a curious mental twist or prejudice could induce the author to devote so much space to an attempt to controvert it.

He states (page 490) that "there is not the slightest reason for confiding in the statement" that damiana is a remedy for sexual impotence or indifference. In this we believe he has not carefully weighed the evidence. It appears that there must be some virtue in a drug so widely used and commended. We have the evidence of several practitioners that their patients have derived benefit from damiana. Of course the cases must be carefully selected or no good results will be obtained.

Of rhamnus frangula (page 648) it is stated that its action is much harsher than that of rhubarb—a statement that we have not found borne out by practical tests. We have used a fluid extract (made from *old* bark) for several years, and find that it is gentle, effective and sure in its action. Rhamnus purshiana (cascara sagrada) is not mentioned. It is similar in action to R. frangula, and effective in a much smaller dose.

Much attention is given—as its great importance demands—to bromide of potassium. A consideration of its physiological action upon animals would lead one to restrict its use in certain cases, such as those where the circulation and respiration are seriously compromised: "It is indeed correctly described as a sedative of the heart and of the cerebro-spinal centres, for when administered to animals by the stomach or hypodermically the following phenomena occur: paralysis of the hind legs and of the thoracic muscles, irregular and feeble action of the heart, paralysis of the iris, evacuation of the bowels, and death usually by asthenia, but sometimes preceded by tetanic spasms" (page 1111). In relation to the permanency of cure in cases of epilepsy treated by prolonged use of the bromides, he states the general opinion of

the profession, we believe, as follows: "The most authoritative judgment is that the epileptic is never secure against a return of his attacks, and that if he is prudent he will, in spite of an apparent cure, continue to use the medicine at intervals for the remainder of his life; or, as one has phrased it, it should become, as it were, his daily bread."

The entire work is a most excellent one, and cannot fail to satisfy the purchaser. We can conscientiously recommend it to every student and practitioner of medicine and pharmacy. The price is reasonable and suits the times, while the name of Mr. Lea upon the title-page is a sufficient guaranty of excellent book-making.

NAVAL HYGIENE. Human Health and the Means of Preventing Disease, with Illustrative Incidents Principally Derived from Naval Experience. By Joseph Wilson, M. D., Medical Director U. S. Navy. Second Edition. With colored lithographs, etc. 8vo. pp. 274. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: Book & News Co. Cloth, $3 00

Dr. Wilson's book has met with the highest favor. It really "supplies a want," and this second edition will also command a ready sale. It is written in a pleasant conversational style that will commend it to popular reading. The ship's officers are not the only people who might profit by its perusal. The principles of hygiene are everywhere applicable—as well in the farmer's house as on board a man-of-war.

The author's views are generally sound. We note an error, however, in the statement (page 211) quoted with approval that: "Beef is the safest of all descriptions of meat, as no parasite has ever been discovered in it." It is, however, certain that one form of tape-worm (*Tœnia mediocanallata*) is derived exclusively from beef.

Again (p. 180) he states that "In the commencement of epidemics of small-pox there are generally three or four cases of the disease occurring nearly at the same moment in different distant parts of a city, without any communication, direct or indirect, having occurred, and without the possibility of tracing the disease to direct contagion." We know of no well authenticated cases of this sort, and cannot avoid the impression that the author is sadly mistaken in this statement.

His remarks on the subject of quarantine seem to us very just and sensible. He writes (page 166): "The legislation on the subject of quarantine, much of it founded on the ignorant prejudices of persons who imagine epidemic diseases to originate and to be propagated by contagion only, has inflicted a great deal of mischief and cruel suffering. Every large city has interments every week, nearly every day, of persons dying of small-pox, typhus fever, and other contagious diseases. How nonsensical, then, the law which would confine a man merely because he had been on board a ship in which such a disease had existed, or, still worse, because he comes from a town in which such diseases exist. The notions upon which these laws are founded, rigidly carried out, would not permit a man to come from the city of New York at any time whatever without undergoing quarantine confinement."

With reference to yellow fever he is emphatic in his assertion that it is "*by no means a contagious disease*," and supports this with proofs that ought to satisfy any reasonable mind. "In regard to the question of quarantine in this disease, we may safely say, that all restraints which prevent the sick from reaching a healthy locality are absurd, and with our present knowledge on the subject, outrageously cruel, little better than deliberate murder," (*vide*, page 197).

We must close our meagre notice of a truly valuable book with his maxim (page 198): "The universal prophylactic is purity, material and moral purity, personal and social purity, at home and abroad, by night and by day, of air and of water, in all places and at all times, *purity*."

Every sanitary officer should read the work and follow out its teachings.

CLINICAL LECTURES ON DISEASES PECULIAR TO WOMEN. By Lombe Atthill, M. D., Univ. Dubl., Master of the Rotunda Hospital, Dublin; Consulting Obstetric Surgeon to the Adelaide Hospital; Ex-President of the Dublin Obstetrical Society, etc., etc. Fifth Edition, Revised and Enlarged, with Illustrations. 12mo. pp. 342. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: Book & News Co. Cloth, $2 25

This production of the great gynecologist of Ireland is the best short, condensed manual of the diseases of women to be found in our language. Everything of a theoretical nature has been omitted, and the student and practitioner will find it to be exactly the work he needs. Our readers know we have very little regard for epitomes, generally speaking, but we must make an exception in favor of Dr. Atthill's excellent manual. The call for a fifth edition shows that its merits have been appreciated. It is fully up with the times, and American gynecology is recognized with a candor such as we too often miss in the works of British authors. We give it our hearty endorsement.

ON FRACTURES OF THE FEMUR. By Edward Borck, M. D., Member of the Medical and Chirurgical Faculty of Maryland, etc., etc., etc. With illustrations. 16mo. pp. 52. St. Louis: Geo. O. Rumbold & Co. 1879. Flexible cloth, 50 cts.

We cite the author's conclusions which he has reached after a careful survey of different methods of treatment:

"1st. That the long splint has been used since time immemorial; the inclined plane also, but that the latter is by far superior.

2d. That no apparatus is perfect, and none answers for all cases, but all have their advantages and faults, more or less, and each may serve well in special cases.

3d. That we will have more or less shortening in adults, no matter what the treatment may have been; shortening rarely happens in children, for the great and wise doctor, Nature, comes in time to our assistance and corrects our shortcomings.

4th. That it is not prudent to confine ourselves exclusively to one apparatus, but must admit that the surgeon who has had an extensive practice and experience with a particular apparatus will obtain better results with it, than he who applies it only occasionally."

The author is evidently mistaken when he gives the credit of the good results obtained in these fractures in children to "Nature." It has long been evident to the reviewer that shortening does not occur so generally in fractures of the thigh in childhood as in the same class of injuries in adults simply because our little patients are more easily managed than their elders.

As Professor Bauer has shown, shortening takes place because of the slipping down of the patient producing an over-riding of the upper fragment upon the lower. This may easily be prevented in children, while in adults the contrary is the case.

The monograph is a readable one and reflects credit upon the author.

THE DEVELOPMENT OF THE NERVOUS TISSUES OF THE HUMAN EMBRYO. By Dr. H. D. Schmidt, Member of the American Neurological Association. Reprinted from the *Journal of Nervous and Mental Disease*, July, 1877. From the Author.

Dr. Schmidt is already well known as one of our most competent and pains-taking original investigators. In this short monograph Dr. Schmidt gives the results of a careful study of the histology of the nervous system as derived from about eighteen specimens. The smallest embryo examined measured six mm. (.236 inch) in length. Others were of greater age up to full term.

We have space for but a few of the results of his investigations. With regard to the ganglionic bodies (cells) of the spinal cord, he believes that the so-called nucleus is really the true nerve cell. It being distinguished by a distinct double contour, and contains in its interior, besides small granules, one or two clear bodies of a reddish lustre—one of these having also a double contour, and containing a dark granule at its center.

In relation to the process of develop-

ment of the tissues of the entire nervous system, he finds that they attain their full development first in the sympathetic ganglia, especially in the spinal; next in the spinal marrow, and last in the brain. This order, he states, "might be expected, for it truly corresponds with the different grades of functions, namely, the *vegetable*, *animal* and *mental*." He also found that the peripheral nerves were developed prior to, and independently of, the ganglionic center.

We hope Dr. Schmidt will continue his anatomical investigations and give us the very valuable results of his labors.

LITERARY NOTES:—

JOURNALS.—The *Ohio Medical and Surgical Journal*, published at Columbus, has been discontinued. It was an excellent journal, and we regret its untimely demise. The general practitioner is not satisfied with a journal that appears but six times a year. The monthly is becoming too slow, and the bi-weekly and weekly are the journals of the present. Perhaps the medical daily will be demanded by the physician of the future!

The *Medical Herald* will appear the first of May, in Louisville, Ky. It will be edited by Dr. Dudley S. Reynolds; published monthly, at $2 per annum. It is supposed that it will look after the interests of the Hospital Medical College, or that the latter will throw around it a protective influence.

The second number of the *Archives of Medicine* has appeared and fully sustains the favorable impression produced by the first issue. It is one of the handsomest and most valuable of American medical periodicals.

Brain, a journal of neurology, of which we have already spoken in the most favorable manner, continues to sustain its very high character. No neurologist or general practitioner interested in nervous diseases can afford to be without it. Published by Macmillan & Co., 22 Bond street, New York, at $4 per annum.

ANNOUNCEMENTS.—Dr. J. Marion Sims will publish his great work on Gynecology in September next. Without any doubt it will be *the* great work of the present century upon this branch of medical science.

Photographic Illustrations of Skin Diseases, by Dr. George Henry Fox, of New York, comprising forty-eight colored plates taken from life, will be issued in twelve monthly parts, by Mr. E. B. Treat, 805 Broadway, New York. Parts I and II will appear May 1st, price $2 each. The others will appear monthly. This work will be issued only to subscribers to the entire work. Dr. Fox's reputation as a dermatologist is already well established, hence we look forward with much interest to the appearance of his great work. Uncolored photographs of skin diseases are very unsatisfactory. The plates in this instance are carefully colored by an artist who has studied cutaneous affections under Hebra, of Vienna, and will undoubtedly be faithful portraitures of disease as it is met with in practice. We understand that Messrs. Brown, Holdoway & Co., 521 Olive street, are to be the local agents.

BOOKS & PAMPHLETS RECEIVED.

CHEMISTRY: General, Medical and Pharmaceutical, Including the Chemistry of the U. S. Pharmacopœia. A Manual on the General Principles of the Science, and their applications in medicine and pharmacy. By John Attfield, M. A. and Ph. D. of the University of Tübingen; Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc., etc., etc. Eighth Edition, Revised by the Author. 12mo. pp. 697, with 87 illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $2 50; Sheep, $3.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By Thomas Addis Emmet, M. D., Surgeon to the Woman's Hospital of the State of New York, etc. 8vo. pp. 855. With one hundred and thirty illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $5; Sheep, $6.

A CLINICAL TREATISE ON DISEASES OF THE LIVER. By Dr. Fried. Theod. Frerichs, Professor of Clinical Medicine in the University of Berlin, etc. In three volumes. Vol. I, Vol. II. Translated by Charles Murchison, M. D., F. R. C. P., Physician to the London Fever Hospital, etc., etc. 8vo. pp. 224–228. New York: William Wood & Co., 27 Great Jones st., 1879. Wood's Standard Medical Authors. Cloth, $1 per volume to subscribers.

EPITOME OF SKIN DISEASES, with Formulæ, for Students and Practitioners. By Tilbury Fox, M. D., F. R. C. P., etc.. etc., and T. C. Fox, M. B., B. A. (Cantab.), Physician to Saint George's and Saint James' Dispensary. Second American Edition, enlarged and revised by the Authors. 12mo. pp. 216. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $1 38.

LECTURES ON PRACTICAL SURGERY. By H. H. Toland, M. D., Professor of the Principles and Practice of Surgery and Clinical Surgery in the Medical Department of the University of California. Second edition. Illustrated. 8vo. pp. 510. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: Gray & Baker B. & S. Co. Cloth, $4 50; leather, $5 50.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M. D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, etc., etc., etc. Fourth edition thoroughly revised. With illustrations. 8vo. pp. 758. Philadelphia: Henry C. Lea, 1879. St. Louis: Book & News Co. Cloth, $4 50; leather, $5 50.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. INSTITUTED 1874. VOL. XXIX. Philadelphia: Printed for the Association. Collins, Printer, 8vo. pp. 900–245. From the Librarian.

A SERIES OF AMERICAN CLINICAL LECTTRES. Edited by E. C. Seguin, M. D., Volume III. 8vo. pp. 341. New York: G. P. Putnam's Sons, 182 Fifth ave. 1879. Cloth, $3.

REPRINTS:—

MATERNAL IMPRESSIONS; Mother's Marks. An Exposé of a Popular Fallacy. By Roswell Park, A. M., M. D. *Southern Clinic*, February, 1879. From Author.

CLINICAL LECTURE on Syphilitic Brain Lesions. By Edward C. Seguin, M. D., Clinical Professor of Diseases of the Mind and Nervous System in the College of Physicians and Surgeons, New York. Beprint from New York *Medical Journal*, September, 1878. From Author.

REPORT ON ACONITIA IN TRIGEMINAL NEURALGIA. By same Author. From New York *Medical Journal*, December, 1878. From Author.

A CONTRIBUTION to the Medicinal Treatment of Chronic Trigeminal Neuralgia. By same Author. *Medical Record*, January 4, 1879. From Author.

THE DIAGNOSIS of Progressive Locomotor Ataxia. By same Author. Series of American Clinical Lectures, Vol. III, No. XII. From Author.

TRANSACTIONS OF THE AMERICAN DERMATOLOGICAL ASSOCIATION, at the Second Meeting. Held at Saratoga Springs, August 27, 28 and 29, 1878. Official Report of the Proceedings by the Secretary, Dr. R. W. Taylor. New York *Medical Journal*, October and December, 1878, and January and February, 1879. From the Secretary.

THE Difficulties and Dangers of Battey's Operation. By Geo. J. Engelmann, M. D. Transactions of the American Medical Association.

A CASE of Inflammatory Fungoid Neoplasm. By Louis A. Duhring, M. D. *Archives of Dermatology*, Jan. 1879.

ON the Permanent Removal of Hair by Electrolysis. By George Henry Fox, A. M., M. D. New York *Medical Record*, March 22, 1879.

AN Address upon the Life and Character of Lunsford Pitts Yandell, M. D. By Richard O. Cowling, M. D. Transactions Kentucky Medical Association.

EXCERPTA from the Annual Report of the Board of Health for 1878. By Joseph Holt, M. D., Sanitary inspector of the Fourth District of New Orleans.

OYSTER-SHUCKER'S Corneitis. By W. J. McDowell, M. D., *Virginia Medical Monthly*, Feb. 1879.

THE Therapeutic Value of Ergot. By J. W. Comptom, M. D. Detroit *Lancet*, March, 1879.

Miscellaneous Notes.

NECROLOGY.

GEORGE B. WOOD, M. D., of Philadelphia, died March 30th, in the eighty-third year of his age.

Dr. Wood was born at Greenwich, New Jersey, March 13, 1797; graduated from the University of Pennsylvania as long ago as 1818. His extended career has been full of work, diligently performed, and successfully achieved. He was for many years Professor of Materia Medica in the Medical Department of the University of Pennsylvania, and from 1850 to 1860 was Professor of the Theory and Practice of Medicine in the same institution. At the time of his death he was President of the American Philosophical Society. He is the author of many important medical works, those by which he is best known being the "Dispensatory of the United States," written in collaboration with Franklin Bache, and first published in 1833, and his "Practice of Medicine," which long enjoyed great popularity. He also wrote much on historical subjects beyond the limits of the profession. —*Medical and Surgical Reporter.*

We understand that Dr. Wood made the following bequests: his large library and $15,000 to the Philadelphia College of Physicians; $50,000 to the University of Pennsylvania; $75,000 to the same for the special object of enlarging its hospital and clinical facilities for instruction; $20,000 to the American Philsosophical Society and $50,000 to a number of other charitable institutions.

DR. JOHN M. WOODWORTH, Supervising Surgeon-General of the United States Marine Hospital Service, died in Washington, D. C., on March 14, 1879, of erysipelas and pneumonia, aged forty-two years.

He was born in Chemung county, New York, removed at an early age to Illinois, and received a thorough literary and classical education. He graduated at the Chicago Medical College, in 1862, and was soon afterwards appointed assistant surgeon of volunteers. In 1863 he was made Surgeon and Medical Inspector of the Fifteenth Army Corps, and later, Medical Director of the Army of the Tennessee. He was breveted lieutentenant colonel for meritorious services. After the close of the late war he went to Europe and was a year in Berlin and Vienna; on his return he was appointed Demonstrator of Anatomy and Lecturer on Comparative Anatomy, in the Chicago Medical College.

In 1871, Dr. Woodworth took charge of the Marine Hospital Service, which he reorganized and made self-sustaining; it having previously been costing the Government about $150,000 per annum. He instituted a most important reform, for which too high praise cannot be awarded, by requiring a most rigid and thorough professional examination for medical positions in that service. Thus was secured a corps of competent surgeons in a department that heretofore had been over-run with incompetents who had been appointed for political services.

Dr. Woodworth was a man of boundless energy. He worked without ceasing for the establishment of a national board of health and a national quarantine. To him is due most of the credit for the recent commission to investigate the late epidemic of yellow fever, of which he was president.

He was a writer of acknowledged ability on medical and sanitary subjects. His annual reports of the United States Marine Hospital Service, especially, are witnesses to his ability, executive qualities, and knowledge of medicine and sanitation. In his death the profession has lost a learned and talented member, the service a vigilant and able chief, and sanitary science an energetic and laborious investigator.

SURGEON J. B. HAMILTON, of Illinois, stationed at the Marine Hospital in Boston, has been appointed to succeed Dr. Woodworth as Supervising Surgeon-General of the United States Marine Hospital Service. Dr. Hamilton is, like his predecessor, a

graduate of the Chicago Medical College. He is thirty-two years of age, and has seen service as assistant surgeon in the United States Army (in 1875), and also in the service of which he now takes charge. His appointment seems to give universal satisfaction.

REGULATION WITH A VENGEANCE!—It is said that a bill is pending before the Texas legislature and that it will probably pass, providing that *every medical practitioner* in that State, without regard to age or length of practice, shall submit to examination before a board every three years, and unless he convinces the board that he is making satisfactory progress in his studies his license to practice is to be revoked. We are not informed who is to examine the board. Probably this duty will devolve upon some non-medical health commissioner. We respectfully call the attention of our own legislative Solons to this. If the General Assembly of the State proves unequal to the task, the Municipal Assembly might be induced to adopt an amendment to Ordinance 10,386, to this effect. We do not for a moment doubt it would be just "as good law" as the ordinance as it now stands.

NATIONAL BOARD of Health.—President Hayes has appointed seven physicians upon this Board authorized by Congress at its last session: Dr. S. M. Bemis, of New Orleans: Dr. Henry I. Bowditch, of Boston; Dr. Stephen Smith, of New York; Dr. Henry A. Johnston, of Chicago; Dr. James L. Cabell, of University of Virginia; Dr. T. S. Verdi, of Washington, D. C., and Dr. R. W. Mitchell, of Memphis, Tenn. Dr. Bemiss is the learned and talented editor of the New Orleans *Medical and Surgical Journal*, and will ably represent the medical press. Dr. Verdi, the only Homœopathist on the Board, was Mr. Blaine's physician when he suffered from his celebrated attack of "sunstroke" some years since. Dr. Johnson is a professor in the Chicago Medical College. Dr. Smith, Dr. Bowditch and Dr. Cabell are well known gentlemen of ability, and are good selections.

Dr. J. S. Billings will represent the War Department; a better choice could not be made. Medical Director Thos. J. Turner, from the Navy, and Surgeon Bailhache, from the Marine Hospital Service will add some elements of strength to the organization, which is completed by the presence of Solicitor-General Philips, from the Department of Justice.

We learn from the Philadelphia *Med. and Surg. Reporter*, that the first regular meeting of the Board was held at the State Department, Washington, D. C., April 2d. All the members were present except Dr. Bowditch. A permanent organization was effected by the election of Dr. Cabell, President; Surgeon Billings, Vice-President; Medical Director Turner, Secretary; Executive Committee: Dr. Cabell, Surgeon Billings, Medical Director Turner, Dr. Smith and Surgeon Bailhache. Rules and regulations to govern their meetings were adopted, after which the meeting adjourned.

MIXED BOARDS.—How is it possible for the work of a board of health, or in fact any other association whose duties bring into view the peculiar opinions of its members, to be well done by a body composed of heterogeneous and discordant materials? What results are to be expected from the intermingling of regular physicians who repudiate Homœopathy as visionary and fallacious, and Homœopaths who denounce regular practitioners as butchers and murderers? These questions have been answered by experience again and again, and we are surprised that sensible people should ever attempt to harmonize such discordant elements in the face of past results.—*Editorial, Pacific Med. and Surg. Journal.*

ABSENCE OF THE CORPUS CALLOSUM.—Dr. Eichler, assistant in the Pathological Institute of Kiel records (*Archiv. für Psychiatrie*, Band viii, Heft 2. S. 355) a case of the above form of arrest of development. Fifteen cases of this anomaly have been heretofore recorded. What renders this case particularly interesting is, that notwithstanding so serious a defect, there was during life no psychical derangement.—*Brain*, Part III, 1878.

PROF. ROBERTS BARTHOLOW, of Cincinnati, has been elected to the chair of Materia Medica and Therapeutics, in the Jefferson Medical College of Philadelphia. We congratulate Dr. Bartholow upon this promo-

tion, and the Jefferson College on securing his services. There is no man in the United States who could have been selected, more competent and worthy of the honor. The salary attached to this chair is said to be six thousand dollars per annum.

MRS. CAPT. M. V. BATES, known as Annie Swan, the Nova Scotia Giantess, was lately delivered of a child which weighed twenty-three and three-fourth lbs.; height, thirty inches; breast measure, twenty-four inches; head, nineteen inches. Mrs. Bates' height is seven feet nine inches, while the little Captain measures only seven feet seven inches in stature.—*Medical and Surgical Reporter.*

DR. W. H. BYFORD, formerly connected with the Chicago Medical College and editor of the Chicago *Medical Journal and Examiner*, has been elected Professor of Gynecology in the Rush Medical College, a chair created especially to receive him. Rush College being one of the low-grade schools has evidently been able to offer Dr. Byford *substantial* advantages over the high-grade college with which he has hitherto been identified.

THE American Medical Association will meet at Atlanta, Ga., on Tuesday, May 6. A large and interesting meeting is expected.

Home News.

THE St. Louis Medical Society has resolved upon an earnest effort to secure the appointment of a physician to the office of Health Commissioner. We have, for two years, labored to accomplish this necessary reform, and are glad to find the Society finally acting on our suggestions. We believe that it is too late to accomplish anything, and if it should fail the members have only themselves to blame. If there had been unanimous action on this subject *before the last election* the object might have been accomplished without much effort.

IT has been decided to rebuild the State Lunatic Asylum No. 2, recently destroyed by fire, at St. Joseph.

THE present Health Commissioner ought not to be reappointed for several reasons. We mention a few only: He is not a physician, has no scientific training, hence he is totally incapable of judging of sanitary measures to be put in force when an epidemic threatens the city. He is not possessed of sound judgment; is sure to take extreme views, and ride a favorite "hobby" too far; this was exemplified last snmmer when hé assumed to diagnosticate and treat a case as one of sunstroke, when in reality the patient was dying of pneumonia. Such a man is unsafe about our hospitals and other charities. Another fault, is his overbearing conduct towards his subordinates. His loud, menacing and profane language wards his employees is notorious. If we *must* have a non-medical Health Commissioner, let him be a gentleman.

ONE case of small-pox occurred recently among the beneficiaries of the United States Marine Hospital. Our Health Commissioner was equal to the occasion. He ordered this patient to be transferred to the Small-pox Hospital, sixteen miles below the city, for the purpose of preventing the disease from spreading. We would like to know how much this manifestation of "executive ability" will cost the city. There will have to be appointed a physician, at a decent salary, at least two nurses, a cook, etc.; the hospital will have to be heated and lighted, and this corps of attendants upon this one patient must be fed. The United States authorities have not seen fit to promise that any of this expenditure shall be refunded. When it is known that the Marine Hospital is in a sparsely settled section, and that the patient could have been just as safely isolated in that immediate neighborhood, it is easily seen that this action of the Health Commissioner was entirely uncalled-for and unnecessary. It could only have been prompted by the grossest ignorance of the subject or by a desire to show great vigilance and activity in protecting the public—*i. e.*, a piece of advertising at the expense of the city to secure his own reappointment.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, MAY, 1879. NO. 2.

Original Communications.

EXTRACT OF MALT IN PRACTICE.

BY LOUIS BAUER, M. D., M. R. C. S., ENG., ETC.

Medical education in Germany includes instruction in the art of prescribing and a thorough knowledge thereof is exacted in the State examination of physicians. All German practitioners are in the habit of directing the composition of drugs and remedies or order the exact form in which they are to be used by their respective patients.

This is perhaps the reason why *ready-made formulas* find no market in Germany and are scarcely ever used. My habit, whilst a practicing physician in the United States (more than twenty-six years), has remained the same. I have had no use for the like preparations, have paid no attention to the multifarious samples which have been sent to me by way of advertisement, and consequently I have *never* assisted in their sale by either recommendation or signature.

If I depart, on this occasion, from a life-long rule I have special reasons to assign for so doing. My friend, Dr. Wm. B. Hazard, who shares my office, and who is therefore fully acquainted with the debilitated and reduced state of those patients who compose the greater portion of my practice, has repeatedly urged me to utilize the malt extract in its varied combinations. From its frequent use he had formed a favorable opinion in cases of deteriorated nutrition and assumed that it facilitated assimilation of vegetable food, and consequently increased his patients' weight. This statement induced me to try the preparation in suitable cases.

About eight months ago, I commenced my therapeutical experiments and have since selected nineteen patients for the use of malt extract.

The first patient was a farmer of advanced age from the neighborhood of Olney, Ills. He exhibited some of the appearances of pulmonary phthisis, was reduced in weight and strength, had night-sweats, felt extremely dejected, and had copious expectoration of a purulent character. On examination, emphysema in both lungs, besides chronic bronchitis, were elicited. Besides some anodynes, I ordered him the malt extract with cod-liver oil. In ten days his weight had increased *seven pounds*, and in further ten days another addition of three pounds had been gained. I need not state that the result was most gratifying to both patient and attendant, and henceforth I employed that preparation with considerable confidence and frequency.

The combination of malt extract with cod-liver oil is perhaps one of the most agreeable for patients to take, besides they act towards one another as adjuvants or auxiliaries. I am, however, persuaded, that beyond its own nutritive property, the malt extract aids other amylaceous substances, rapidly converting them into grape sugar, one of the very essentials for organic maintenance.

I have administered the same preparation to *ten more patients*, suffering from caries of joints and bones, and in every single instance I have noticed rapid increase of weight, notwithstanding a more or less copious sero-purulent discharge.

In *eight cases* I have administered the extract with the different phosphates of iron, likewise with beneficial results, referring, however, more to the tone of the constitution and the feeling of strength than marked change in weight.

In fact, the remedial effects have been so gratifying to me that I have considered it my duty to call the special attention of the numerous readers of the CLINICAL RECORD, feeling confidently assured that their trial of these substances will give equal satisfactiom.

Most of my prescriptions were filled by Charles Habicht & Co., corner of Fourth and Locust streets, who obtain their malt extract preparations from the Trommer Extract of Malt Company, at Fremont, Ohio, and my experience thus far refers exclusively to the preparations of that company.

519 Pine street, St. Louis.

IODINE AS AN ALTERATIVE EXPECTORANT IN DRY ASTHMA.

BY CHAS. A. LEE REED, M. D.,
Late Professor of Pat' ol«gy in the Cincinnati College of Medicine and Surgery.

Dry asthma—pulmonary spasm with suppression of bronchial secretion—occurs:

1. In cases depending for their exciting cause upon malarial poisoning and that are characterized by distinct and regular periodicity in the recurrence of the paroxysms.

2. In cases that have their exciting cause in the deranged condition of some other organ, the spasm in the lungs being induced through reflex influence; *e. g.*, certain dyspeptic persons suffer from tightness of breathing just after the ingestion of a full meal or of particular articles of diet.

3. In cases in which the paroxysms are erratic, of variable severity and duration, coming on at just any time and apparently not depending for their excitation upon any particular influence or condition. These cases, however, are attended with a bad habit of constitution, a vascillating appetite and a perversion of the secretions.

The treatment of these cases at once resolves itself into: immediately palliative, intended for the immediate relief of the paroxysm; and permanently palliative, intended to ameliorate the conditions causing the paroxysms. It would be somewhat presumptuous to speak of a curative treatment of these cases, although it is beyond question that some exceptional cases are relieved of this distressing disease and are not bothered with it again. The permanently palliative treatment differs in these three classes of cases. In the first, antiperiodics are clearly indicated; in the second, remedies must be addressed to the diseased organ, *e. g.*, stomachics, etc., in the dyspeptics quoted; but it is in the third class of cases that the practitioner tries remedy after remedy; antiperiodic after antiperiodic, antispasmodic after antispasmodic, expectorant after expectorant, until he has exhausted his *armamentum medicum* without establishing the desired moisture in the bronchi or in anywise alleviating the the trouble, and then, finally inquires of the gods if "there *is* a balm in Gilead," or else gives vent to some other interrogative exclamation not quite so poetical, but about equally as unavailing and away from the point.

In these cases I have used the following prescription:

℞ Liquor. iodinii comp. - f. ℥i;
Mel. - - - - - - f. ℥ij.
M. S.—Teaspoonful every three hours;

from which I have noted the following effects:

1. A gradual restoration of the bronchial secretion quite perceptible after the third dose.

2. A diminution in the frequency and severity of the paroxysms from the start.

3. An improvement in the appetite and an increase in the tone and vigor of the general system.

4. A perceptible increase in the volume of the urine without any change in its specific gravity.

5. Iodine has been more permanent in its salutary effects in these cases than any other remedy that I have used.

6. Its effect appears to be so modified by idiosyncrasy that it does not *always* produce the same salutary effect.

7. In effecting the relief of these cases iodine appears to act as an alterative expectorant.

FIDELITY, ILL., April, 1879.

CALORIFICATION.

BY T. J. SCOTT, M. E.

As many of the medical profession are induced, by the simplicity of the chemical doctrine of calorification, to believe that animal or organic heat is produced by the union of the oxygen of the air with the carbon of the blood, or with that of the body, I shall present, with your permission, an array of evidence to show that the act of respiration has no more connection with the production of animal heat than that of gastric juice, or any other result of organic functions.

I shall begin by quoting from the great French physiologist: "The extrication of caloric," says Bichat, "is a phenomenon exactly analogous to those of which the general capillary system is the seat. The disengagement of caloric is always subordinate to the state of the 'vital forces.'"

"The state of respiration has no influence upon the actual heat of the body. When we place on one side all the phenomena of animal heat, and on the other the 'chemical hypothesis,' it appears to me so inadequate to the explanation that I think every methodical mind can refute it without any assistance from me" (Bichat's General Anatomy). John Hunter, like Bichat, placed the elaboration of organic heat upon the same vital grounds, regarding it as a secreted product. Also, Wilson Phillips: "Among the secretions I have ranked the evolution of coloric." (Phillips on Vital Functions).

Tiedemann has the same viewwith Muller: "The only point," he says, "that can be regarded as placed beyond doubt is, that the evolution of heat is a vital act."

Hear Dr. Carpenter, the distinguished chemical physiologist: "It is evident that the chemical doctrine in its present form is insufficient to explain the phenomenon of animal colorification." (Carpenter's Human Physiology).

Leibig is the only supporter of the chemical doctrine. Hear his contradictory statements: In the first place he affirms, "That in whatever way carbon may combine with oxygen, the act of combination cannot take place without the disengagement of heat. It is a matter of indifference whether the combination take place at a low or high temperature, the amount of heat liberated is a constant quantity."

"In the foregoing pages it is assumed that it is especially carbon and hydrogen which, by combining with oxygen, serve to produce animal heat."

"The carbon of the food which is converted into carbonic acid within the body, must give out exactly as much heat as if it had been directly burned in the air or in oxygen gas."

Now compare the above with his negative affirmations. Hear him: "Carbon never combines at common temperatures with oxygen, so as to form carbonic acid."

"There is no example of carbon combining directly with oxygen at common temperatures, but numerous facts show that hydrogen, in certain states of condensation, possess that property. Lampblack, which has been heated to redness, may be kept in

contact with oxygen gas, without forming carbonic acid. The spontaneous inflammability of the charcoal in making gunpowder has been correctly ascribed to the hydrogen which it contains, for during its reduction to powder, no trace of carbonic acid can be found in the air surrounding it. It is not formed until the temperature of the mass has reached the red heat. The heat which produces the inflammation is therefore not caused by the oxydation of the carbon." (Liebig's Organic Chemistry.)

Liebig further says: "At the temperature of the body, the affinity of oxygen for hydrogen far surpasses that of carbon for oxygen."

In regard to the consumption of tallow candles, fat, blubber, etc., in the Arctic regions, to obtain animal heat, it is easily foreseen that this will not account for their heat. The consumption of food is universally greatest in the Tropical regions or climate, where it is most abundant. What is the contrast, in temperature, between the well-fed lounger in America and the half-starved laborer, or the slave and his master. Their temperature is the same. How about the clothing, if the heat depended upon the amount of food, the master should require less than the slave, which is the reverse.

There is no doubt that the generation of animal heat is promoted more by animal than by vegetable food, but the principle depends upon the laws of vital habit, and that which relates to the virtues of the different "national stimuli," and is as foreign from chemistry as any two subjects can be from each other.

The whole philosophy, then, which concerns the greater tendency of animal, than those of vegetable food to promote the generation of heat, consists in the fact, that animal is a greater stimulus than vegetable matter to the organic functions.

The fact is demonstrable, as while the food lies yet undigested upon the stomach of the famished wayfarer, and every one knows that his warmth will be instantly increased, and to a greater degree by cold meat than cold potatoes, the evolution of heat takes place before chymification begins and especially combustion.

In the development of animal heat is involved the magnificent agency of the nervous system, which, to the chemist, is impenetrable darkness.

Animal food is especially stimulating to all the functions of man, and therefore to that which generates heat, and irritability is greater and more susceptible to the action of stimuli in Equatorial than in other climates.

The far more rapid reduction and exaltation of organic heat by a small loss of blood, than by all other causes conjoined, is a proof of its independence of combustion.

According to statements of Dr. Kane, while at Resolution Bay, latitute seventy-eight degrees, fifty-eight seconds, in 1853, it will be seen that food and clothing are even less important to animal heat than to other products of animal life. He says his party were capable of maintaining their natural temperature with constitutions impaired by disease, and quite destitute of food and proper clothing, while the thermometer stood at sixty degrees below freezing point Fahrenheit. Under circumstances of most privation, says Dr. Kane, I found no comforter so welcome to my party as our great restorer, tea. The tea acted promptly as a stimulus to the nervous system, and among its results was an elaboration of heat just as is explained of alcohol and animal food.

If we consult the records of tropical regions we shall find where food is abundant, savages gorge themselves far more than the wanderers of the Polar sea.

Hot Springs, Arkansas

[Note.—Dr. Scott's paper was received several weeks since and placed on the rejected list. It is inserted now as an introduction to a resumé of a remarkable paper by Dr. Austin Flint, Jr., which appeared in

the *American Journal of the Medical Sciences*, for April, 1879: "Experiments and Reflections upon Animal Heat:"

Dr. Flint starts out with the propositions that there is a constant generation of heat within the body, which is sufficient to maintain the animal temperature and to compensate the loss of heat from the surface; that this internal production of heat is connected with the general process of nutrition, and must involve changes in the form of matter within the animal organism; that carbonic acid is constantly discharged from the body—this being one of the most important products connected with changes of matter which produce heat; and finally, that the body constantly consumes oxygen —oxidation being a process connected with most of the changes involved in colorification.

He assumes that, under ordinary conditions of nutrition, the food furnishes all the material for maintaining the heat of the body and for the development of force in work, such as the muscular work of respiration and circulation and general muscular effort; if food is not furnished for a certain time, these must be accomplished at the expense of the body itself, and the individual loses weight.

A heat-unit is the amount required to raise one pound of water one degree of the Fahrenheit scale; this, it has been determined by experiment, when converted into mechanical force, will raise seven hundred and seventy-two pounds one foot high, or is equal to seven hundred and seventy-two foot-pounds. By burning different articles of food in oxygen, physiologists have calculated their heat value, expressed in a certain number of heat-units. It has been calculated that a certain proportion of these heat-units serves to maintain the standard animal heat; another proportion is converted into force used in the muscular work of respiration and circulation; while another proportion is used in ordinary muscular work. If an excess of food is supplied over these requirements, a part of it is not used and the body will gain in weight; if less is furnished than is needed, a part of the tissues are consumed and there must be loss of weight.

He proceeds to give a description of the method employed by Frankland, in 1866, to estimate the force-value of various articles of food—for this we have no space and must refer the reader to Dr. Flint's memoir. Frankland assumes that the same quantity of heat is produced by the oxidation, under all circumstances, of a definite unit of oxidizable matter, hence it is necessary simply to deduct from the heat value of food the heat-value remaining in those parts that pass out of the body in an unoxidized form to arrive at the heat produced by these substances while in the body.

Senator's observations upon dogs are cited. This experimentor ascertained pretty definitely that the heat actually produced in the body amounted to 4.212 heat-units per hour per pound of body weight. Also Dr. John C. Draper's experiments upon himself, which produced similar results, viz: that the body produces four heat-units per pound per hour, the heat-unit representing the raising of one pound of water one degree Fahr.

Dr. Flint accepts the data furnished by Senator and Draper, regarding the amount of heat developed in the body, and those of Frankland regarding the heat-units produced by the oxidation of various articles of food.

A discussion of the doctrine of the conservation or persistence of force then follows. He expresses a want of perfect faith in this doctrine when animal bodies are concerned. He admits that experiments have shown that the fall of seven hundred and seventy-two pounds through the distance of one foot, or the fall of one pound through a distance of seven hundred and seventy-two feet, will produce a quantity of heat sufficient to raise the temperature of one pound of water one degree Fahr.; but says there is no positive experimental proof that such a quantity of heat will raise seven hundred and seventy-two pounds one foot, or one pound seven hundred and seventy-two feet.

Besides, he thinks there is no logical necessity for applying to animal physiology the law that one heat-unit is equal to seven hundred and seventy-two pounds of mechanical force. He admits that one reason why this law is not supported by experimental facts is that there are no accurate formulæ which will enable us to express the force used in circulation, respiration, and general muscular effort in definite units such as foot-pounds. He then makes the following statement:

"The experiments of Frankland, which I have already discussed, show that certain

articles of food, when oxidized, produce a certain quantity of heat. It may be assumed that the amount of heat thus produced will always be the same whether the oxidation be slow or rapid. Animal heat and the force exerted by the body must be derived, directly or indirectly, from food. The quantity of food taken within a certain time can be measured, and the heat-value of such food may be determined. If the food taken can be shown to possess a heat-value which is manifestly in excess of the total ascertainable heat and force developed in the body, we can understand how a certain amount may pass away in such a manner that we cannot with certainty determine how it is lost. Experimental methods in physiology are not so exact as to enable us to follow all the changes which take place in the body, as is well known. But if, on the other hand, the estimated heat-value of food should fall far short of accounting for the heat and force generated in the body, there would seem to be a fatal error either in the law or in its application."

Then follows "Observation 1," that of a man who walked three hundred and seventeen and one-half miles in five days. In this case it was estimated that the heat-units expended in the time were as follows:

Heat-units produced (animal heat), 55,-440.00; heat-units converted into force, expended in walking three hundred and seventeen and one-half miles (estimated), 12,538.87; heat-units converted into force expended in circulation and respiration (estimated), 3,886.00; total expended in five days, 71,864.57; total heat-units derived from all kinds of food and from loss of body-weight, 32,938.05; unaccounted for, 38,926.52.

Thus it is seen that about fifty-five per cent. of the heat-units used cannot be accounted for by the estimated heat value of the food and of the loss of body weight.

In "Observation 2," which records an experiment made upon himself fasting for twenty-four hours, it was found that a little less than one-third of the heat produced during the twenty-four hours of fasting could not be accounted for by the heat represented by the urinary nitrogen and the carbon eliminated. He estimates that about thirty-two ounces of water are lost during the day by the lungs and skin, one-ninth of which is hydrogen. Now, if it could be proven that water is formed in the body by the direct combination of oxygen with hydrogen, then the deficit would be accounted for. The heat value of one ounce of hydrogen being 3892.5 heat-units.

"Observation 3," made upon himself while partaking of a full diet, showed that about one-sixth of the heat produced by the body remained unaccounted for by the heat value of the food taken, the body weight remaining unaltered.

As to the possible oxidation of hydrogen in the body, resulting in the formation of water and the production of heat, he states that the idea is by no means novel, but that heretofore there has been no experimental demonstration of the fact. During the first experiment upon himself he fasted for thirty-three hours, for twenty-four of which no food was taken after the digestion of articles taken about nine hours before had been completed, he discharged about thirty-two ounces of water by the lungs and skin, and thirty-four ounces of water in the urine, making a total discharge of water of sixty-six ounces. During this period, he drank twenty ounces of water, leaving forty-six ounces over and above the quantity taken. His loss of weight was fifty-six ounces, of which he estimates a loss of about ten ounces in solid matters in the urine and carbon by the lungs. Was this forty-six ounces of water lost simply a discharge of water already formed, from the blood and watery parts of the tissues, or was it in part of water actually formed in the body by the union of oxygen and hydrogen? If there be an actual deficit in the watery parts of the body, there is usually thirst. Dr. Flint did not suffer from thirst, in fact drank more than he actually felt the need of. Besides, he states that the recent experiments of Valentin, Panum, Colin, and others, have shown that abstinence from food has very little effect in diminishing the volume of the blood. These facts he thinks are favorable to the view that the water discharged did not all come directly from the blood.

He believes that he has furnished good evidence to prove that nearly all the animal heat is produced by oxidation, in the body, of certain elements, chiefly nitrogen, carbon and hydrogen; that this process does not take place entirely in the blood but in the substance of the various tissues in connection with the general processes of nutrition and disassimilation; that we cannot account for the heat actually produced in the body by the amount of nitrogen and carbon con-

sumed, as indicated by the amount of urea and carbonic acid discharged. If, however, it be admitted that hydrogen is oxidized in the body, then the difficulty disappears, and we are able to account for all the heat produced, leaving an excess which may be converted into motion. He presumes that there is an active and unusual oxidation of both hydrogen and carbon in fevers.

Alcohol being largely composed of hydrogen, theoretically it is easy to see how it may furnish material to supply heat and save waste of tissue in fevers.

He concludes his essay with the followlng query:

"If the excessive heat produced in essential fevers be due in part to an excessive oxidation of hydrogen, why would not the exhaustion and rapid emaciation which attend the progress of fevers be more or less moderated by supplying hydrogen to the system in the form of fatty matters, starchy matters, sugar and alcohol, until the fever has run its course; and might not this supply, to a certain extent, the abnormal waste of tissue?"

Dr. Scott's objection that carbonic acid could not be formed in the body because carbon does not combine with oxygen at common temperatures, is readily met with the counter-statement that carbonic acid is not decomposable into its elements, carbon and oxygen, at common temperatures. However this does occur in the leaf of the plant at common temperatures, and, in some cases at least, at quite a low temperature. It will be observed that no allowance is made for the amount of force consumed in *mental* operations.—EDITOR RECORD.]

Clinical Reports.

ON THE USE OF JABORANDI IN WHOOPING-COUGH.

BY E. A. DE CAILHOL, M. D.

On March 28th, in the evening, I was called to see a young French boy, aged five years, stout, and of strong constitution, who had an attack of whooping-cough.

His parents told me that for the last three or four days they had remarked that every evening between five and six o'clock the paroxysms seemed to increase in severity—that they grew worse and worse until they had become very alarming.

When I saw the child he was laboring under a violent paroxysm; his face was congested and cyanotic; the spasmodic cough threatening suffocation; skin dry; pulse 140 per minute, and temperature 104° F.

Knowing by long experience that the treatment of this affection is usually very troublesome from the length of time it requires to effect a cure, I concluded to try an entirely new treatment with this well-marked case.

Into two ounces of water I put sixty drops of the fluid extract of jaborandi (prepared by Parke, Davis & Co.). I intentionally mention the manufacturers, because in several instances I have remarked that their preparations were more powerful in their effects than those of some other firms. The medicine was directed to be given by the teaspoonful every ten or fifteen minutes until one-half of the mixture should be taken.

An hour or so later I visited the patient again and found him perspiring freely, he had already vomited large quantities of mucosities and was still vomiting; temperature and pulse quite normal. I remained for nearly an hour with the family on *account of the vomiting being so persistent*, and during that time he did not cough once. When I left he was sleeping soundly.

At half-past six o'clock, next evening, I called again. The mother said that during the entire day the child had had no cough, but that between five and six o'clock the trouble had again commenced, *but not so soon* as the day before. The pulse was then 130, temperature 102° F., skin dry, face congested, etc.

I advised the administration of the remains of the mixture left from the preceding day, and to stop giving it as soon as the

child should vomit, which directions were carried out.

When I called, two hours later, there was only a teaspoonful of the medicine left in the bottle. Pulse and temperature normal, and the child drenched in perspiration. He had again vomited much phlegm, and this time was profusely salivated.

Next day at about the same hour, the child coughed once or twice, but had no fever or other unpleasant symptom; the fourth day there was no cough at all, and since then he has been entirely well.

Have we a specific for whooping-cough in jaborandi?

2613 South 7th st., St. Louis.

Translations.

(Translated for the Clinical Record.)

TREATMENT OF THE INTRACTABLE VOMITING OF PREGNANCY.—Dr. J. Michellet writes to the *Journal de méd. et de chir. pratiques*, avril, 1879, an interesting communication on this subject—the more so as M. Depaul has disputed the efficacy of the means employed in the treatment. The following is a summary of the case: Madam X——, habitually enjoyed good health, having always been regular, and never having any pain during menstruation, was married in July, 1875. In the following December menstruation did not occur; she believed herself pregnant, and two months later was convinced of the fact by the occurrence of glairy and bilious vomiting. In spite of this she had a good appetite until the middle of the third month, when she began to feel disgust for food, was obliged to force herself to eat a little at each meal and still vomited what she had eaten with so much trouble. Gradually her appetite diappeared completely, and it became impossible for her to take anything whatsoever without rejecting it at once. The milk and eggs advised to constitute her sole diet were not retained.

Tepid baths were then advised, but instead of alleviating, they caused fatigue, and they soon were given up. Ice, injections of morphia, oxalate of cerium, and all the antispasmodics were in turn tried, but without success; on the contrary, the vomiting seemed to be aggravated by every attempt made to arrest it.

In the last half of the fourth month the vomiting became entirely uncontrolable; then, and especially in the course of the fifth month, Madam X. was taken with violent attacks of suffocation, with a sensation of constriction about the chest and epigastrium, and loss of consciousness. These attacks occurred several times a day. To meet this condition, blisters sprinkled with morphia to the epigastrium and a cotton girdle saturated with tincture of iodine were tried, but in vain.

The vaginal touch was employed several times, but the uterus presented no abnormal condition that could explain the symptoms. The neck was slightly softened and the os round, such as is usually observed in primiparæ at this period. The fœtal movements were felt, and the beating of the fœtal heart was distinctly audible.

Finally at the end of the fifth month, she having reached such a degree of weakness and emaciation that a fatal issue was inevitable, in accordance with the opinion of two medical counsellors, it was determined to produce an abortion. Solely on account of the patient's weakness and the slight degree of dilatation of the neck, it was determined to proceed slowly, and dilate progressively, by means of sponge tents. The tent used had been prepared in wax, hence not much could be expected from it; the os was so slightly opened that its introduction was extremely difficult, and only effected to a slight extent. In spite of this, an action was produced, for the vomiting was less frequent during the night. The next day a properly prepared tent was introduced fully into the neck, where it was permitted to remain several days; the vomiting ceased

from the second day. Notwithstanding this amelioration, another tent was introduced, which was left in place four days, at the end of which time the vomiting not having returned, all further attempts were abandoned, and the pregnancy went on to a happy termination on the 31st of the following August. The child was perfect and living. Her getting up was without difficulty; three weeks after delivery she was well and about.

In April, 1877, she again missed her catamenia. She dreaded pregnancy on account of her former experience, but the doctor promised that she should not be allowed to reach such a condition again. In the third month disgust for food and vomiting reappeared, and she reminded Dr. M. of his promise. Desiring to relieve her as soon as possible, and fearing to operate upon the uterus too soon and thus induce abortion, she was sent to M. Depaul, in Paris. This great obstetrician examined her, was informed of her condition in her first pregnancy, and advised her to—wait. He saw nothing alarming in her condition, and said that the cessation of the vomiting on the introduction of the tents into the cervix, was simply a coincidence.

She returned as she had left, and the vomiting continued to get worse. Now the husband became solicitous about her condition and insisted upon the treatment that had succeeded so well before. This time the os was more dilated, the sponge was easily introduced, and from the first application all vomiting ceased. She had excellent health throughout her pregnancy, had a good appetite and did not vomit. She was delivered of twins in the following December. She has since remained well, and feels nothing of what she suffered after her first pregnancy.

A Remarkable Case of Menstruation. (*Ibid.*) Dr. Rodséwitch reports (*Vratschenya Vedomosti*) the following fact: A peasant's widow, of the province of Nijni-Novgorod, menstruated for the first time at the age of thirty-six years. She had her first sexual relations in her fifteenth year, before menstruating. Since that time, and during her entire married life, she was constantly pregnant or nursing, without any menstrual flow. Her husband died when she was thirty-six years old, since which time her monthly flow has returned with great regularity. She had twins at her second, fourth and eighth confinement, so she had sixteen children.

[Note.—We had a patient recently who had had five children within ten years, and who had never menstruated during that time. The fifth labor was premature, and was followed by profuse leucorrhœa, and frequent and irregular menstruation. It is probable that if the fifth labor had occurred at term, we might at some future time have been able to record nearly as remarkable a case as that of the Russian physician.—Ed. Record.]

Reflex Inflammations.—(*Ibid.*) Under this name are described certain inflammations which are produced at a distance, following a prolonged irritation of some region of the body, at a point that is sometimes symmetrical but always innervated by nervous branches coming from the same region of the spinal cord. Thus has been explained the ophthalmia termed sympathetic, the lesions of the viscera following extensive burns of the skin, etc. Hollopeau and Neumann report in the *Gazette médicale*, a case of inflammation which may be explained on this theory. To a man affected with some undetermined thoracic pain, two blisters were applied over the same point between the left border of the sternum and the nipple. They were followed by severe pain with inflammation of the skin that implicated the left nipple. These symptoms soon declined, and at this moment pain was felt in the right breast, where small elevations were soon formed, consisting, manifestly, of the sebaceous glands of

the region, some of which soon took on the appearance of small furuncles. The entire breast was hard, red and painful. Four abscesses were formed, after the opening of which the inflammatory phenomena completely disappeared. The authors claim that here was produced an inflammation of a reflex type; that it was neither produced by propagation (continuity of structure), as it was easy to be assured of, nor by simple coincidence, as inflammation of the breast is extremely rare in man. We may say that the events occurred as if the irritation of the nerves of the areola of the left nipple was transmitted in the spinal cord at the nuclei of origin of the nerves of the right areola, and provoked through their intermediacy a disturbance in the nutrition of this region. This is the same mechanism that Vulpian has invoked to explain, in a general manner, the production of reflex inflammations.

INFLUENCE OF THE TOBACCO HABIT UPON THE ACTION OF MEDICINES.—Dr. Bertherand read to the Society Against the Use of Tobacco (*Gazette méd. de l'Algérie*) the following note, which is interesting to every practitioner:

In my "Studies on the Tobacco Habit," I recall a fact, that I believe I was the first to point out in the second edition of my Precis des maladies vénériennes, viz: that, other things being equal, great smokers are much less sensitive than non-smokers to the action of heroic medicaments, such as mercury, among syphilitic cases. I have attributed this particularity to the saburral state of the primæ viæ, to the dyspepsia, to which persons who abuse tobacco are subject. To-day, I take the following considerations from a book recently published by M. Germain Sée, on the "Diagnosis and Treatment of Diseases of the Heart," which, although relating to another agent of the materia medica—chloral—appears to me not indifferent to my thesis as cited above:

"There are," he says, "individuals who are refractory to this remedy, and others whose susceptibility is such that the slightest doses lead to disastrous results. It has been pretended that chloral induces sleep less easily in drinkers, *smokers* and the insane. * * * * * Smokers have the cerebro-spinal system invaded, so to say, *occupied* by tobacco; other poisons (or medicaments) produce their effects upon the brain in these persons only in doses that would prove toxic in the physiological condition."

I can but esteem it as a happy circumstance that my opinion promulgated nearly ten years since should have the endorsement of so competent an authority. While not giving up the explanation that I have already given of the phenomena, I hasten to admit that the idea expressed by M. Germain Sée, of an acquired toxic saturation, perhaps gives a better interpretation, while enlarging the extent and character of the refractory idiosyncracy, the reality of which is again confirmed.

Excessive smokers should take warning. Not only does the abuse which is so dear to them, affect the integrity of their health, but, when the latter is deranged, the most precious resources of the materia medica are rendered powerless to cure, or even to palliate.

Extracts and Abstracts.

CHLORATE OF POTASSA.—Dr. A. Jacobi, in the *Medical Record*, March 15, 1879, reviews the "remedial and fatal effects" of this drug. He concludes that its principal value consists in its effects upon catarrhal and follicular stomatitis, and in mercurial stomatitis. In regard to its supposed specific effects in diphtheria, he makes the following statement of his position: "It is this: that chlorate of potassa is a valuable remedy in diphtheria, but that it is not *the* remedy for diphtheria. There are very few cases of diphtheria which do not exhibit larger surfaces of either pharyngitis or stomatitis than of diphtheritic exudation. There are also a number of cases of stoma-

titis and pharyngitis, during every epidemic of diphtheria, which must be referred to the epidemic, perhaps, as introductory stages, but which still do not show the characteristic symptoms of the disease. * * * * * * Such cases of pharyngitis and stomatitis, no matter whether under the influence of an epidemic or not, furnish an indication for the use of chlorate of potassa. They will get well with this treatment alone. The cases of genuine diphtheria complicated with a great deal of stomatitis and pharyngitis also indicate the use of chlorate of potassa; not as a remedy for the diphtheria, but as a remedy for the accompanying catarrhal condition in the neighborhood of the diphtheritic exudation. For, it is a fact that, as long as the parts in the neighborhood of the diphtheritic exudation are in a healthy condition, there is but little danger of the disease spreading over the surface. Whenever the neighboring surface is affected with catarrh, or inflammation, or injury, so that the epithelium is loose or removed, the diphtheritic exudation will spread within a very short time. Thus chlorate of potassa or soda, which is more soluble and more easily digested than the former, will act as a preventive rather than as a curative remedy. Therefore it is, that common cases of pharyngeal diphtheria will recover under this treatment alone, nothing else being required.

"The cases of diphtheria in which the exudation is limited to the tonsils are by no means dangerous, for the lymphatic communication between the tonsils and the rest of the body is none at all, or very trifling. Thus no absorption into the circulation can take place from a tonsillar diphtheritis alone. The surrounding stomatitis and pharyngitis will be favorably influenced by the administration of chlorate of potassa or soda, and thus the entire disease will run a favorable course, inasmuch as the tonsillar exudation will be removed within three or six days. The surrounding portions of the mouth and fauces in the meanwhile being put into a tolerably healthy condition, the danger is passed. These are the cases which have given the reputation to chlorate of potassa as a remedy for diptheria.

"The dose of chlorate of potassa for a child two or three years old should not be larger than half a drachm (2 grammes) in twenty-four hours. A baby of one year or less should not take more than one scruple (1¼ grammes) a day. The dose for an adult should not be more than a drachm and one-half, or at most two drachms (6 or 8 grammes) in the course of twenty-four hours."

He recommends that the medicine should be largely diluted, given at frequent intervals (twice or thrice per hour), and not combined with honey or syrup. Water should not be drunk immediately after taking it, for the *local* effect is principally desired.

He thinks that the chlorate has no special effect upon affections of the respiratory, gastro-intestinal or genito-urinary mucous membranes, in which it has been prescribed.

Dr. Jacobi then quotes a large number of cases in which the use of *large doses* of the chlorate gave rise to alarming symptoms and even fatal results. The phenomena observed were those of acute nephritis, one of the most dangerous of diseases. He concludes that chlorate of potassa is not an indifferent remedy; that chronic nephritis is certainly met with much oftener than formerly, that "many a death certificate ought to bear the inscription of nephritis instead of meningitis, convulsions, or acute pulmonary œdema," and that diphtheria and chlorate of potassa are mainly responsible for this increase within the twenty years past. As he has often met medical men unaware of the possible dangers connected with the indiscriminate use of the drug, he has been induced to again bring up the subject. For the same reason we make this extensive abstract.

Excision of the Epiglottis.—Dr. Wm. Porter, of St. Louis, presents an interesting article on this subject in the *American Journal of the Medical Sciences* for April, 1879. Dr. Porter answers possible objections to the operation with these propositions:

"1st. A diseased and ulcerated epiglottis is, of itself, oftentimes, an obstacle to deglutition.

2d. In certain affections of the epiglottis, especially when of malignant nature, its destruction is inevitable, and involvment of the surrounding structures certain, if the process is not previously limited.

3d. Removal of the epiglottis does not, necessarily, directly or indirectly, threaten either the life or the comfort of the patient."

The first and second statements must be

conceded as true, and the third he supports with arguments and cases. Normally, the epiglottis assists swallowing by dropping backwards and downwards, forming a door to the larynx, which rises to meet it. When the epiglottis is thickened or ulcerated, as is seen constantly in the practice of laryngologists, liquids cannot be taken until the patient learns to swallow without the assistance of this organ; the base of the tongue may supply its place by covering the laryngeal entrance, the larynx being further secured by the action of its proper muscles. The epiglottis also acts, to some extent, as a sounding-board, reflecting the sound wave to the pharynx, where it is in part articulated. When it is destroyed the voice may be rough and harsh, especially if the edge of the cartilage remains irregular in outline.

Two cases are quoted from Baron Larray, one, of Marshal Murat, who lost a portion of his epiglottis, by having it cut off by a musket ball, at the battle of Aboukir. He recovered perfectly, so far as deglutition was concerned. The second was that of a soldier who lost the entire cartilage by a gun-shot wound in Egypt, in 1801. After recovery he could swallow without difficulty.

Dr. Joseph L. Bauer, then of Vinita, I. T., now of St. Libory, Ill., reported to Dr. Porter a case of entire destruction of the epiglottis by hereditary syphilis, in a girl of seventeen years, who was able to perform deglutition readily. The voice was badly affected.

Two cases are reported from Dr. Porter's case-book. One of these exhibited complete destruction of the epiglottis, in the other it was three-fourths destroyed; in both, the cause was syphilis. The voice was much changed in both cases, but deglutition was easily and safely accomplished.

Dr. Porter's third case (operative) was one of removal of one-half of the epiglottis with a cartilaginous neoplasm which had already caused difficult deglutition and marked change in the voice. Antero-posterior rectangular forceps with cutting edge were used, and the hemorrhage was quickly checked with Monsel's salt applied by means of a sponge to the cut surface. The patient had already learned to supply the loss of the physiological functions of the cartilage, hence no artificial aid to deglutition was necessary. Deglutition was at no time more difficult than just before the operation. The cut surfaces healed in a fortnight.

Dr. Porter concludes his very valuable paper as follows: "If a benign growth of the epiglottis exist, or there is malignant disease which has not as yet implicated the surrounding parts, removal of the epiglottis, or such a part of it as is involved, is practicable and justifiable."

IMPREGNATION BY MISADVENTURE.—Sam'l B. Ward, A. M., M. D., one of the professors of surgery in the Albany Medical College, read a paper before the Albany County Medical Society, Nov. 6, 1878, which appears in the *American Journal of Obstetrics* for April, 1878, and which is of considerable medico-legal importance—*provided* the courts can be convinced of the accuracy of the statements which it contains. We quote:

"On December 8, 18—, Mr. X. consulted me, giving the following history: The young lady to whom he is engaged to be married commenced to menstruate on November 8, and the flow ceased on November 10, in consequence of exposure to cold, her usual period of menstruation being five to six days. 'On the evening of November 20,' he further stated, 'my intended was lying at the back of a sofa, on account of some temporary indisposition, and I was half reclining at her side, my feet on the floor, my head on the pillow beside hers, and my buttocks on the edge of the sofa. After some conversation in the positions I have described, she fell asleep, and I, being excessively tired by a long and hard day's work, very soon did the same. Her parents, being fatigued, had previously retired to bed. It was about 10 P. M., when we fell asleep, and I soon had a lascivious dream. The next thing of which I am conscious is that I was awakened, as had frequently occurred before, by being on the point of having a seminal emission, and to my utter horror found my intended's clothes drawn up, her drawers unbuttoned, my pants open, and my penis between her thighs. I am certain that I did not have full connection with her, but it is possible that the head of my penis may have passed between the labia; but at the time of the emission I am absolutely certain that the head of my penis was so entirely outside of her external genitals that the discharge covered her thighs and labia, and, when wiped off with a handkerchief, thoroughly saturated it, besides soiling her drawers. I

was so horrified at what had occurred that I was sweating at every pore, until my underclothing was saturated. Nothing of any importance has occurred since; I have, of course, had no connection with her. On December 6, she ought to have had her courses, and has not.. What are the chances of her being pregnant?'" Dr. Ward continues: "I knew the man well, was and am perfectly confident that he told me the entire truth, so far as he knew it, and that he himself was one of the few in our day who had never before had connection with a woman. How should I answer him? I replied that, in my opinion, it was perfectly *possible* that she *might* be pregnant; but that, if he had told me the exact and whole truth, the chances were a hundred to one against pregnancy. And so I firmly believed."

In spite of this opinion she proved to be pregnant. Physical examination revealed no signs of pregnancy. In February she suffered much pain and the presence of a polypus was suspected. Many attempts were persistently made to dilate the neck of the womb, so as to allow of a complete exploration of the uterine cavity. From the 4th to the 12th of February, these efforts were kept up; on the evening of the 12th a three month's fœtus was expelled. The patient made a rapid and good recovery, was subsequently married, became again pregnant at once, and has never miscarried since.

Dr. Ward firmly believes the statements of his client, but gives no description of the appearance of the genital organs of the woman. It is possible that some other man had been more successful in affecting an entrance when *awake*, than was Mr. X. in the somnambulic condition described by himself.

Dr. Ward concludes his paper as follows: "My impression is that impregnation would seldom result if the spermatozoa had not a proper motion of their own, and a life of several days under favorable circumstances.

The case would seem to teach, then, that pregnancy may ensue when the semen is simply thrown against the vulva, and afterwards most of it wiped off."

[The Scottish judges have decided that it is possible that a man may have connection with a woman while she is asleep and hence unconscious (Edinburg *Monthly Journal*, Dec. 1862). See also Taylor's Manual of Medical Jurisprudence, last American edition, in which Prof. Reese relates a case, but the above is the first case we have read of in which *both* parties were asleep when the act of impregnation occurred. Like la Senneschalle in Balzac's "Contes Drolatiques" (Le Péché Véniél), it is possible that there was simulation of sleep on the part of one or both of these dreamers. Perhaps the most amusing circumstance about Dr. Ward's case, is his absolute faith in the truth of the story.—Ed. Record.]

Anomalous Monstrosity.—Dr. W. T. Plant, of Syracuse, N. Y. (*Obstet. Gazette*, March, 1879), describes a specimen obtained by a medical friend in his practice:

"It had been a dry labor, the waters having escaped at the beginning. The head presented. When the body was born he was surprised to find that it seemed to terminate with the pelvis. In the place of the lower limbs he found a large fleshy mass attached to the buttocks. There was no umbilical cord to be seen, nor was there any vestige of any connection between the 'monstrosity' and the uterus apparent.

"For a moment after its birth it made some feeble efforts at respiration, but these soon ceased. In the presence of such deformity it seemed hardly worth while to attempt resuscitation. Continued existence, even if possible, could only bring disappointment to the parents and misfortune to itself. So it was humanely(?) left to its fate. The struggle for breath well over, the *anomaly* was wrapped in a napkin and the undertaker notified.

"I saw it the next day. It appeared to be as the doctor described it. Apparently there were no lower extremities. The trunk was terminated by a bloody and fleshy mass as though an immense hæmatoid cancer had sprouted from the outlet of the pelvis."

On close examination this fungous excrescence was found to have only an apparent attachment to the body—in fact it was the placenta spread flatly over the buttocks, its outer or fœtal surface being next the child, and the cord was coiled under it.

He next observed that the features and arms of the child were not distinctly visible, but were half hidden by a thin vestment. This covering being slit up with the shears, it proved to be the fœtal membranes still

surrounding the entire fœtus. "The fluid having been discharged early, the uterine contractions had forced the sac into so close contact with the body that it had taken its exact form—a close investment, like the tights of an actor." In fine, when freed from the deceptive encumbrances that had caused it its life, the monstrosity presented itself as a perfectly formed male infant.

PASTEUR'S SUGGESTIONS FOR SELF-PROTECTION AGAINST EPIDEMIC DISEASES.—In a recent discussion in the Paris Academy of Medicine, M. Pasteur, being asked how he would proceed to study the plague or other virulent disease without danger to himself, gave the following suggestions: "These difficult studies should be undertaken with an unprejudiced mind, and in the same methodical manner that a chemist analyses a mineral. In order to do this it should be understood that contagions and infections are neither so common nor so ready of transmission as might be supposed if their sudden and mysterious appearance were considered alone. I should proceed to the study of endemic plague without any fear, simply taking the following precautions, and these are probably exaggerated: Spectacles, furnished with cotton wool between their edges and the skin; cover the mouth and nose with a filter of cotton wool, re-heat all my food myself, and drink nothing but natural mineral waters, or waters taken directly from springs or that had passed through several metres thickness of soil. Any water might be used that had first been heated to 110° or 120° C. (230° to 248° F.) and, after cooling, shaken in fresh air to aërate it.

Dr. Rochard protested strongly against the physician tricking himself out in such a masquerade costume. He contended that the doctor who attends the sick should do everything to sustain their moral strength and to encourage them, and that the first effect of such a costume would be to inspire fear as to their fate in the minds of patients. He said: "The physician is a soldier who should go into the battle with his face uncovered. He falls valiently for the good cause."—Condensed from *The Practitioner* and the *Journal de méd. et de chir. pratiques*, April, 1879.

THE TIME FOR BEGINNING THE CONSTITUTIONAL TREATMENT OF SYPHILIS.—(Wiener *Med. Wochenschrift*, No. 10, 1879—Beliner *Klin. Wochenschrift*, March 24, 1879—Cincinnati *Lancet and Clinic*, April 26, 1879). It is von Sigmond's opinion, the result of extensive experience, that the secondary period of the disease is the proper time to commence general medication; even at this stage he saw no necessity for haste, unless several systems or organs were affected, or the disease was of a very severe type, or in case the general physical condition of the patient appeared to suffer. When of the lighter grade and confined to single organs, ordinary local treatment will usually suffice, even in the secondary stage. Abundant experience had satisfied him that anti-syphilitic general treatment during the primary stage exerted no influence upon its course, except in some cases the debilitating course of treatment postponed a cure. Of those treated simply locally at the outset, a large proportion—almost forty per cent. of all infected—presented very slight secondary symptoms, sometimes scarcely noticeable by the patients themselves. In the milder class of these secondary manifestations, complete and permanent cure very often followed simple local means. On the other hand, experience has also shown that a general treatment, begun late in the secondary period, is followed by more rapid and permanent results than if undertaken at an earlier date. In his concluding remarks he insists upon the importance in each stage of the disease, of careful attention to the hygienic and dietetic conditions and of prompt treatment of all complicating constitutional diseases.

CHAULMOOGRA OIL has been recommended as a specific in phthisis pulmonalis, but Dr. I. Burney Yeo, physician to the Brompton Hospital has made a thorough trial of it in nine cases and reports (*The Practitioner*, April, 1879) only negative results. The oil has a nauseous flavor which renders its administration more difficult than that of cod-liver oil. Dr. Yeo suggests that it may be given in *perles*, which would remove this objection. In one case there was decided improvement, but this was not surely diagnosticated as one of phthisis, it may have been simply a case of pleuritis, besides strong tonics with iron were given and active counter-irritation was employed in this case, which might account for the improvement observed irrespective to the effects of the oil. Dr. Liveing states that he has obtained remarkable results from the use of this oil in leprosy.

COD LIVER OIL EMULSION (*Druggists' Circular*, from London *Pharm. Journal*).—Wm. Gilmour recommends the following method of preparing a good emulsion: Three drachms of the finest powdered white gum tragacanth is to be rubbed up in a large mortar with three ounces of glycerine. Add to this as much boiling water as will convert it into a thick transparent jelly, from eight to ten ounces will probably be required. After cooling, add the cod-liver oil, which should first be mixed either with plain water or lime water, in the proportion of one of the latter to three of the oil; or if, as is customary, the emulsion is to contain the hypophosphites of lime or soda, let these be added to the plain water previous to mixing with the oil, and then let this primary emulsion be gradually added to the mucilage of tragacanth with constant stirring. In the process of mixing, the emulsion not only creams, but also thickens up to a certain point, and individual taste must settle the extent to which the mixture may be carried. He has found that three drachms of tragacanth will emulsify from fifty to eighty ounces of the primary emulsion, the former quantity being very thick and not easily poured from the mortar, the latter quantity flowing more freely and forming what he considers the better emulsion. In mixing, care must be taken not to add the one to the other too hurriedly, otherwise there will be no emulsion, it will simply break up into clotted masses that no amount of labor will bring back to the emulsified form. If this should happen, it will be better to begin anew with a small quantity of fresh mucilage, to which the clotted mass should be carefully added by degrees. This is the only way of bringing it back to its proper form.

SULPHUR IN DIPHTHERIA.—Mr. John A. Erskine Stuart (*The Practitioner*, April, 1879) reports one case occurring in his own practice of well marked diphtheria which appeared to demonstrate the good effects of topical applications of sulphur to the patches of false membrane in diphtheria. The sulphur powder was blown through a quill directly upon each patch of false membrane, which soon turned black and came away. He says: "How it detaches the newly-formed exudation, unless by killing it, is a puzzle wanting an answer." "Although the diphtheritic membrane was quickly dissipated in this case, yet the patient suffered afterwards from a slight attack of paralysis of the larynx and pharynx. Shortly afterwards his elder brother took diphtheria, but the mother, by means of the sulphur treatment, cured him." A case of this disease, worse than the recorded, one, was treated successfully by him, by swabbing sulphur and water on the membrane.

Dr. Stuart gives credit for the suggestion of this treatment to an American lady physician, Miss Connor, M. D., whom he met on ship-board.

FORCEPS IN THE BLADDER.—The London correspondent of the *American Practitioner* relates the case of a lady who had been successfully operated upon for ovarian tumor. Four or five weeks later a celebrated lithotomist discovered a hard substance in the bladder. The ovariotomist operated again and removed the solid body, which being taken to the lithotomist, on examination, proved to be a pair of forceps. She did not survive the second operation. The lady had promised the doctor who took her to the ovariotomist that if she recovered she would marry him. As she was wealthy, the justly disappointed suitor threatens vengeance upon the careless ovariotomist in the form of a suit for damages.

SUBSTITUTE FOR COD-LIVER OIL.—Dr. Emmet, in his recent work, gives the following directions for preparing pork for invalids: "I direct a thick portion of a rib piece, free from lean, to be selected and allowed to remain in soak for thirty-six hours before being boiled, the water being frequently changed to get rid of the salt. It should be boiled slowly, and thoroughly cooked, and while boiling, the water must be changed several times by pouring it off, and fresh water nearly boiling substituted. It is to be eaten cold in the form of a sandwich made from stale bread, and both should be cut as thin as possible. It is very nutricious, but it should only be given in small quantities until a taste for it has been acquired. It is the most concentrated form in which food can be taken in the same bulk, and I have frequently seen it retained when the stomach was so irritable that other substances would be rejected. For this condition of the stomach it may be rubbed up thoroughly in a porclain mortar and then given in minute quantities at a time."

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - MAY, 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

THE ANNUAL MEETINGS.

The American Medical Association is in session as we go to press. The fair city of Atlanta welcomes the members of the profession of medicine most generously, and physicians from widely separated sections will, for all time to come, hold the Gate City and its hospitable people in grateful remembrance.

Perhaps it is all that should be reasonably expected from them; that the ties of social friendship and good-fellowship should be strengthened by the annual meetings of the National Association; perhaps the social elements should properly exclude the purely scientific to a great extent; that the annual banquet should overshadow the annual reports and addresses in the consideration of the army of delegates. It is, perhaps, best that the authority of this body is extremely limited, that it is powerless to enforce its legislative acts upon any except its members. But the men composing it should remember that their utterances —*if they show wisdom*—have much weight with the rank and file of the profession and even with the laity. By wisdom, we mean that congruity with common sense which has been too often lacking in the edicts of the American Medical Association.

One case in point must come up at the present session: we refer to the proposed amendment to the Code of Ethics which prohibits the teaching of any branch of medical science to any one known to intend practicing any of those systems called "irregular" or "exclusive." We hope, for the honor of the profession, that no such despotic rule will be adopted. It would be sadly out of keeping with our pretensions to liberality and freedom of thought if a convention of scientific men should prevent any person from learning the ascertained facts in relation to the anatomy and physiology of his own body, the chemistry of the elements of nature, or the benignant or malignant properties of plants and minerals, simply because the individual declined to accept certain theories or adopted others as true, and did not bind himself to think or act like his instructor. This would be "exclusiveness" of the most dangerous kind.

One of the prime motives for the original formation of the Association was to elevate the standard of medical education. This it has, so far, signally failed to do. Let us see if the low-grade colleges shall control its action at its thirtieth meeting as they have done since A. D. 1847.

The convention of medical editors will also meet at Atlanta. It has been proposed, in some quarters, to form an associated medical press association, limited to a few, self-styled, representative journals—those not controlled by medical schools, cliques, or publication houses. The origin of this proposition—in the *organ* of a low-grade medical school—should at once throw suspicion upon the entire scheme. It is well known that there is no medical fact, no medical news, that can thus be appropriated by an "associated medical press," and thus give the members any valuable privilege over less favored journals, and, consequently, enhance their value to their subscribers. This is the *only* reason for the Associated Press among secular journals. The entire plan, as proposed, is strongly indicative of a snobbish spirit that is clearly

unworthy of a liberal profession, and, at the same time, it is based on the falsest of false pretenses.

A convention of sanitarians will also meet at the same place. We might, possibly, expect that some good might come out of this meeting, were it not for the fact that the vast majority of those who will share in its proceedings will be physicians better skilled in political maneuvres than in sanitation. Until the dross of politics is removed, we shall expect but little of the pure metal of scientific truth to show itself in the crucible. State boards of health and universal quarantine will, undoubtedly, be strongly endorsed and plaintively called for; do they not call for the creation of numerous sinecures to be filled by "political doctors?"

The prospect is not encouraging. Let us wait, a good time *may* be coming.

STATE MEDICAL ASSOCIATION.

The Medical Association of the State of Missouri will hold its annual meeting at Columbia, on the 20th of the present month. We hope that every physician in the State whose health and business will permit will attend. Something may be hoped from the State associations; the interests of physicians in one commonwealth like Missouri are so much in common, there is so much good to be obtained from a free interchange of thought, of modes of practice and of social courtesies, that these local gatherings should be encouraged in every way.

There is another reason why the physicians of Missouri should attend the coming meeting in force: this is to dispossess the selfish clique of would-be great men of their ill-gained laurels. Let the scientific physicians of the State take possession of its representative body and send delegates to the American Medical Association and to sister societies who shall well and truly represent the profession of Missouri in other communities and assemblies.

Another reason why every man who has the interests of medicine at heart should attend is to secure good officers for the coming year. The names of the members of a certain clique are suspiciously frequent upon the lists of officers of the State Association for the past decade. They have done nothing to advance the welfare of the profession for the long years they have held office; hence they should give way to better and abler men.

There are many in the ranks of the profession of our State who deserve well at its hands. There are many who have grown old and honorable in service who would reflect honor upon the profession if honored by it. Let some one of these be chosen as President, let others fill the secondary places, and leave to future years to decide whom of the recent graduates shall prove themselves worthy of such preferment. The graduate of five or six years can wait for the blushing honors; the old standard bearer has not many years remaining in which he can be thus requited for long and faithful service. The propounder of casuistic theorems can certainly take time to acquire some notion of actual medical practice before he presides over the deliberations of men his seniors in study and work. The contriver of ingenious mechanical combinations to facilitate gambling in stocks, bonds or coin, ought to give way before the inventors of means to heal the sick and alleviate human suffering. "A word to the wise," etc.

"PROFESSORS"—SO-CALLED!

The quality of instruction furnished by the low-grade medical colleges is so notoriously poor that it seems scarcely worth proving by documentary evidence. Simply as a matter of amusement, therefore, we present a few notes on the subject. For some of them we are indebted to our able contributor, Dr. C. A. L. Reed, formerly professor of pathology in a Cincinnati

school. Dr. Reed quotes the following, among other choice extracts, from a paper by a "professor:"

"Anatomy, physiology, chemistry, botany and microscopy have assumed for medicine the morning of a vast and glorious kingdom, whose temple of fame will cope with the hand of war and accompany time through eternity."

This is certainly a genuine sun-flower of rhetoric. The different branches of science, as enumerated, have assumed "the morning of a vast and glorious kingdom." Very well, we, for our part, are glad the morning has been put on. That "temple of fame" that copes (contends or struggles) "with the hand of war," must be a truly belligerant sort of temple; it is an ambulant affair also, for it is to "accompany" old father Time in the long journey "through eternity." Those were slow affairs compared with it—those of Baalbeck, of Luxor and of Elephanta!

Again, "Man seems cognate of his duty to man, and is establishing a therapeutical power which no debt of gratitude can repay."

We are not so certain about that. A "debt" is often the only pay that a physician or publisher can obtain for his services, and we do not know way the "therapeutical power" aforesaid, should not be satisfied with the "debt of gratitude" in question. It seems very plain to us that if a "debt of gratitude" can ever repay any one, that the "therapeutical power" ought to be satisfied.

But, after all, the *forte* of the "professor"—like that of some of his St. Louis brothers—is evidently metaphor; what Poe calls that "pleasant variety termed rigmarole."

Speaking of this "professor," who is also the dean of a college, the editor of the Cincinnati *Medical News* makes the following statement:

"A paper that he once read before the Ohio State Medical Society, as his own production, he did not write a single word of, but it was written for him by Dr. M. L. Amick. Dr. Amick also largely prepared his lectures for him. But, notwithstanding the great obligations he was under to Dr. Amick for favors of this kind, his conduct toward him was marked by such a want of principle that he was compelled to resign his place in the college."

"Professors" who have their papers written for them are not limited to any one city. Their *habitat* is very extensive. We have the *facts*, and may write a very spicy article on the subject at some future day.

The way in which the "clinical material," of which some of these self-styled colleges are never weary of boasting, is obtained, is made delightfully plain in another part of Dr. Read's paper. He is writing of a certain "professor" of diseases of women and children:

"He told me himself that when he was short of other clinical material he used one certain prostitute (the students of the college remember her) that was always at hand, for illustrating any of the female diseases which he might have under consideration."

This shows the sort of make-shifts the common "professor" makes use of to deceive students into believing that they are receiving instruction that will prove valuable in their future professional life.

We vividly recollect hearing a "clinical lecture" in St. Louis, in which the "professor" gravely told his hearers that "the lungs were placed under the ribs *for the purpose* of producing a resonant sound when the front of the chest was percussed"(!) and that the liver was placed in the right hypochondrium *for the purpose* of producing dulness on percussion.

Mark Twain, Josh. Billings and the Hawkeye Man would all hide their diminished heads in confusion, should some phonographer some time report and publish the "clinical lectures" of some "professors" we could name.

On another occasion, a "clinical lecturer," at clinic, gravely, and in good faith, described *coma virgil* as a condition present

in a certain case at the St. Louis City Hospital! Dante's guide, on his celebrated journey, would probably delight in showing this "clinical lecturer" to his proper quarters.

It is possible that we may return to this pretty subject on some future occasion.

DEATH OF DR. THEODOR MEYER.—It is our painful duty to record the death of our friend and contributor, Dr. Theodor Meyer, of Belleville, Ill. This took place on the 24th of April, he being sixty-six years of age. He had resided there and practiced his profession for more than thirty years, and leaves many grateful patients and an aged sister to mourn his loss.

Dr. Meyer brought to the country of his adoption a most thorough medical education and large and valuable experience acquired as a medical officer in the Prussian army, and at once took a leading position among the physicians of St. Clair county, which he held until his health declined.

Always kind to his juniors, strict, minute and honorable in the performance of his professional duties, gentle, careful and thorough at the bed-side, he was always looked to for counsel in aggravated and obscure cases. His clear conception and judgment have saved the lives of many patients whom he saw in consultation.

As a surgeon, he had few equals in the earlier days of his practice, and his wise conservatism was always conspicuous, and not seldom prevented the needless sacrifice of a limb, or other mutilation.

In all his aspirations Dr. Meyer was a progressive man; even at an advanced age he made himself master of the microscope as an aid to diagnosis.

When already tortured by an incurable hepatic affection, he had the misfortune to lose his excellent wife, which left him helpless and despondent, and longing for the last resting place, which he has found.

His eminent merits and virtues as man, citizen, physician and friend, found eloquent acknowledgment at his grave, addresses being made by his cherished friend, Dr. L. Bauer, of this city, and by Dr. Perryman, of Belleville, who represented the St. Clair County Medical Society, of which Dr. Meyer had recently been president.

BROMIDIA, manufactured by Messrs. Battle & Co., of St. Louis, is an effective, powerful and safe hypnotic. The bromide of potassium and chloral hydrate are in perfect solution, without decomposition or being rendered turbid on being diluted with water. The cannabis indica, although in small proportion, seems to add to the efficiency of the mixture. Its effects are agreeable and devoid of the depression of the heart's action often noticeable after the exhibition of chloral by itself. Perhaps this is to be ascribed to the cannabis. At all events, practitioners will find it a very trustworthy addition to their list of useful remedies.

COMPOUND TINCTURE OF NEILGHERRY BARK, as prepared by our townsman, Mr. J. C. Richardson, is a prompt and effective remedy for malarial affections. We have tested it in several cases, and have been well satisfied with the results obtained. Mr. Richardson has the East India cinchonia bark imported especially for the manufacture of this preparation, which contains the *combined* alkaloids in a very eligible form for administration. The addition of elixir of liquorice or that of eucalyptus renders it more agreeable.

Book Notices and Reviews.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By Thomas Addis Emmet, M. D., Surgeon to the Woman's Hospital of the State of New York, etc. 8vo. pp. 855. With one hundred and thirty illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $5; Sheep, $6.

Dr. Emmet's work has been looked for with much more than ordinary interest by

all practitioners of gynecology, both in America and Europe. The book as presented is a very satisfactory one; it is *practical*, much of it original, and readable throughout. Dr. Emmet states that its aim is to represent the actual state of gynecology, and we believe he has come very near to accomplishing the end in view. He is very fair to his brother gynecologists—particularly fair to Americans—and has conscientiously endeavored to make his work complete.

The book is divided into forty-three chapters, the first of which is devoted to the Relations of Climate, Education and Social Conditions to Development. We are not entirely in accord with the author when he upbraids the American climate for "rendering us a restless people in both mind and body." We are sure Dr. Emmet has not made a careful study of the great variety of climate to be found within the limits of the United States, however well he may have investigated the effects of climatic influences upon the Atlantic coast. His remarks on the effects of the modern system of education and the effects of our hot-house social habits, are very well expressed, and every observing man can corroborate his statements.

All the instruments necessary for gynecological examinations are described in the second chapter, while the next is occupied with a description of surgical instruments and appliances. In this connection it is something remarkable to note the great improvements introduced into the science by Sims and Emmet. Nearly all the instruments described were either invented or greatly improved by these two men.

In the following chapter (IV) a form is given for recording cases; the proper mode of conducting an examination is described, and the chief points are given from which a diagnosis is to be formed. While containing nothing particularly novel, this chapter is admirable for the clearness of its descriptions, and the simplicity with which important points are delineated. The caution regarding the use of the uterine probe, and the danger of rekindling a latent cellulitis are strongly—not too strongly—insisted upon.

Chapter V is occupied with an enumeration of the causes of pelvic disease, reflex and direct. Some of the author's physiological notions, we believe, he would find some difficulty in substantiating. We may give them the Scottish verdict, "not proven," and allow them to pass without comment, although he writes of them in so dogmatic a manner as to challenge a production of evidence. We shall allude only to his dicta with respect to the influence of fruitfulness and sterility upon morbid growths. On page 83, he writes: "Few unmarried women reach the age of thirty-five without suffering more or less from this condition (congestive hypertrophy) whenever the function of nutrition becomes impaired from the nervous disturbance which is likely to be the earliest manifestation. If this condition is not removed some permanent uterine disease is likely to be set up, generally in the form of a fibrous tumor." The same state of affairs is induced by sterility, and by means taken to prevent conception, says our author. He also says that the presence of the semen in the vagina "is doubtless the natural stimulus for relieving the congestion of the female organs of generation." He also finds that ill-assorted marriages, prostitution and self-abuse lead to the same results. Again, the female who has borne children is not exempt from these growths, especially if she becomes sterile from any cause. Now, sarcoma is usually developed from a fibroid, while "epithelioma, on the contrary, is a condition found developed in the woman who has been unusually healthy, and, as a rule, who has given birth to a number of children beyond the average."

Thus it is seen, apparently, that every woman—maid, wife (happily or unhappily mated) or prostitute—is doomed either to sarcoma or epithelioma of the uterus!

Chapter VI, on the principles of general treatment, is a most excellent one. The last sentence is worthy of being memorized by every student—many a practitioner would be the better for taking it to heart: "The purpose of this chapter has been, and the object in view throughout the work will be, to impress the reader with the fact that *success in the treatment of the diseases of women lies wholly in attention to minute details.*"

The most important part of the seventh chapter, on local treatment, is that devoted to the history and mode of using hot-water vaginal injections. We admit the great therapeutic value of this agency, and that uterine surgery would be deprived of one of its most important curative agents were this one abandoned; at the same time, we believe his explanation of the modus operandi of hot water is faulty to a degree.

An important observation, to our mind, is the following: "I have never applied a leech in my life to the uterus, or scarified the cervix with the view of reducing inflammation." His teaching in regard to the causation of pelvic congestions is, that under ordinary circumstances, they are venous in origin and due to loss of tone in the vessels from impaired nutrition.

The eighth chapter continues the subject of the principles of treatment, especially with reference to displacements, the importance of understanding the pelvic circulation, the affections of the lining membrane of the womb, and applications to the uterine canal. Dr. Emmet's ideas regarding displacements and their causation are already known to our readers, from the summary of his paper given in our report of the proceedings of the last meeting of the American Gynecological Society, hence they do not require repetition in this place. The importance of securing the *proper* degree of elevation of the womb by a pessary is strongly and properly insisted upon. The value of hot water, iodine and glycerine in the treatment of the affections treated of in this chapter, is very plainly indicated. Dr. H. F. Campbell's "pneumatic repositor" is recognized as of great value in the treatment of displacements.

The ninth chapter, on ovulation and menstruation, is an important one. He gives the views of different authors—Engelmann, Williams, Aveling, and others—regarding the physiology of menstruation, but expresses no decided opinion of his own. The twelve tables given are of much value as showing close investigation into the minutiæ of the subjects considered. Next follows a chapter on abnormal changes in the menstrual flow. In relation to dysmenorrhœa, he states that an operation for removal of flexure in the uterine body never, by itself, relieves the trouble—that there is some factor other than the flexure that causes the pain. This section should be as well studied as its value deserves. An amusing note on hysteria occupies about three pages. The suggestions given are good and practical, although we think he does not give sufficient importance to the various nervous conditions included under the general term hysteria.

The following chapter (XI) is an interesting one on congenital absence and accidental atresia of the vagina, with mode of operating for establishing the canal and for evacuating retained menstrual fluid. In the formation of an artificial vagina, he strongly recommends that the operation be performed at once, as giving much better results than when several incisions and dilatations are made; also that the knife should be used as little as possible, the opening made by tearing the tissues being much less likely to close than that made by incision. His arguments for the complete removal of all retained menstrual fluid by thorough injection and washing out of the uterus and fallopian tubes, are certainly good and rational. The influence of septic changes causing septicæmia in the fluid left according to the ancient rules, cannot be overestimated. He apparently proves his

claim to priority in these recommendations. Full reference and credit are given Dr. Richmond, of St. Joseph, Mo., regarding a successful case of operation for absence of the vagina (St. Louis *Medical and Surgical Journal*, Jan. 1877).

Pelvic hæmatocele is then treated of in a perspicuous manner; puncture of the mass and evacuation of the clots is advised against in the large majority of cases, although it is admitted that such a procedure might be demanded in some instances.

Diseases of the pelvic cellular tissue are exhaustively studied in the following chapter (XIII). He would discard Virchow's distinctions between para- and peri-metritis, stating that he has never been able to discriminate between them. In the causation, he suggests that phlebitis is a common factor in pelvic cellular inflammations. The suggestions regarding treatment are excellent but present little novelty, except in the use of a peculiar curved pessary to take the strain off the broad ligament on the side that has suffered from inflammation.

Displacements of the uterus next occupy our author's attention. A general description of the different forms of version and flexure and their causation occupies Chapter XIV. The greatest importance is, of course, attached to obstructions to the circulation in the uterus itself and the surrounding tissues, in the etiology. Then follows a chapter on the etiology and treatment of uterine versions, illustrated by several important statistical tables; then a chapter on pessaries, a very excellent contribution to our knowledge of a confessedly little understood subject. Flexures then receive attention, illustrated by a large number of tables. This is, perhaps, the most important chapter in the book and, by itself, ought to commend the volume to every man who pretends to practice gynecology. He attaches the utmost importance, in the etiology of these affections, to the shortening of the broad ligaments consequent upon inflammation in their structure.

Treatment of flexures of the uterus occupies Chapter XVIII. He believes that more malpractice has been perpetrated throughout the world in the name of Simpson's division of the cervix for uterine flexures, since its introduction, than from any other operative procedure known to the profession. He condemns the use of the intra-uterine stem pessary for the treatment of flexures, as most irrational. He says that "Experience will at last teach every one that no permanent benefit is ever derived from its use; that no degree of tolerance is ever established; but that sooner or later, in almost every case, mischief will result. I have long taught that its use in a flexure would be as irrational as the introduction of a straight steel sound into the urethra for the relief of an existing chordee; the penis might be straightened by force, but the cause of difficulty would certainly not be removed." When the flexure is confined to the neck and is below the vaginal junction, then a surgical operation may be justifiable. Lateral division of the cervix, as practiced by Simpson, is not considered satisfactory; the posterior section, devised by Sims, is better, though neither operation will relieve a flexure of the uterine body. Contrary to Sims, he states that dysmenorrhœa invariably returns after a few months. He records two deaths resulting from the supervention of peritonitis from imprudence on the part of the patient, after this operation. One of these patients sent to him by Dr. Bauer, now of St. Louis, disobeyed instructions regarding taking a bath, after she had been up for several days, and peritonitis, followed by death, resulted; the other took too long a drive, three weeks after the operation, with like fatal consequences.

Procidentia, or prolapse of the uterus, is the next subject for discussion. Operative procedures necessary for the relief of the conditions are well described and clearly illustrated.

Lacerations of the perineum are consid

ered in Chapter XX. Whatever the degree of laceration is present, he always advises an operation for restoring the perineum if he learns that "on suddenly turning in bed, or on making any quick movement, the patient had observed the air to escape from the vagina, as flatus would be from the anus." When the laceration has extended through the sphincter ani, he advises the operation to be performed immediately after delivery.

Inversion of the uterus is treated of in the next chapter. Full credit—although not priority—is given Dr. Jas. P. White, of Buffalo, for his success in reducing inversions of long standing.

Sub-involution of the uterus, then occupies two pages. This condition he attributes to lacerations of the cervix occurring during labor.

The subject last mentioned—laceration of the cervix uteri—is one with which Dr. Emmet's name is connected as that of an original investigator; one which will probably constitute the basis of his fame for all future time. Two chapters are devoted to the subject, and, in themselves, give sufficient reason for the writing of the book. Perhaps Dr. Emmet attributes too great importance to this accident as a factor in the production and perpetuation of uterine diseases in general; this, future observation must determine. We have no space to devote to a full digest of these chapters, hence must refer the reader to the book for the necessary information.

Amputation of the cervix uteri, he holds, should *never* be performed for other than malignant disease. True elongation of the cervix, he states, does not exist. This will be disputed by a very large number of gynecologists, many of them of the highest reputation. A peculiar elastic or *ductile* condition of the cervix is described (page 483), in which the organ seems to be in a condition of extreme elongation whenever traction is made upon it from below. When the patient is made to assume the knee-elbow position "the uterus seems to shut up, falling together as would an old worn-out spyglass if held upright." This condition he believes has often been mistaken for hypertrophic elongation of the cervix. If the operation *is* to be performed, he strongly objects to the galvano-cautery (opposed to John Byrne's teaching) as causing to great cicatricial contraction, to be followed by worse results in the future.

The different forms of cancer of the uterus, vagina, rectum and external genitals are then described and the proper methods of treatment indicated. The lacerations of the cervix are held to answer for the cause of epitheliomata and caulflower growths. Fibrous growths next occupy attention, and many illustrative tables are given in this connection. Hot-water injections, iodine and the judicious use of ergot are recognized as the most beneficial agents in their treatment. With respect to the last-named drug, he says:

"From the injudicious use of ergot in large quantities much harm has resulted without the relation of cause and effect being recognized. But, as a rule, great benefit follows its use when administered in small and continual doses, with the view of acting on the coats of the vessels and of exciting only moderate contraction of the uterine tissue. Ergot should never be given in *large* doses until after the uterine canal has been dilated, and until it be found that the tumor projects sufficiently to warrant the belief that it may become pedunculated by uterine contraction. I have committed this error myself, and have likewise frequently observed it in the practice of others. Should a tumor be found buried in the uterine walls, or so situated that it cannot become pedunculated, large doses of ergot can certainly accomplish no good. But, on the contrary, if the uterus be thus excited to violent contraction without a purpose, as it were, an increased quantity of blood will naturally flow to the parts, often with the direct result of causing cellulitis, and even peritonitis. By thus setting up a new source of irritation we will establish the most favorable condition for increasing the growth of the tumor."

He is very non-committal regarding re-

moval of the ovaries for the purpose of preventing the periodical congestions of the uterus and consequent hemorrhages and increase in the size of the fibroids, as so successfully performed by Trenholme, Hagar, Nussbaum and Goodell.

In the next chapter, on diseases of the external genitals, cervix and uterine canal, he states that Sims' operation for vaginismus, although giving immediate relief, does not cure the condition, which is dependent upon some exciting cause, such as displacement, fissure of the anus, the remains of old cellulitis, etc. When the cause is removed the vaginismus disappears without a special operation.

Chapters XXXI–II–III are occupied with vesico- and recto-vaginal fistulæ. A case of much interest is related (page 650–51) of recto-urethral fistula in a man. These operations are well known, hence no necessity exists for more than a passing allusion to them in this place. We are, however, surprised to find no mention of "ballooning lhe bladder" to facilitate the operation for vesico-vaginal fistula (See article on the subject, by Dr. William A. Byrd, of Quincy, Ill., New York *Medical Journal*, September 1875). This is all the more remarkable, inasmuch as we understand that Dr. Emmet uses it in his own practice with very satisfactory results. The statistical tables given are probably the most complete that have ever been published.

For the purpose of examining the female urethra, several forms of specula have been proposed. Dr. Emmet gives precedence to Dr. Reeves Jackson, of Chicago, and Dr. Skene, of Brooklyn, for suggesting these instruments. If we are not mistaken, Dr. Wm. A. Byrd, of Quincy, Ill., is entitled to claim priority. See his paper read before the American Medical Association at its Chicago meeting, in 1877 (*Virginia Medical Monthly*, Vol. V, page 177). *Of course*, Dr. Jackson could not have been aware of Dr. Byrd's invention!

Cystitis and stone in the bladder and ureters, take up one chapter, after which the diseases of the ovaries are carefully considered. With reference to Battey's operation, he states that his consent to the operation would be limited to cases of threatened insanity, epilepsy, or phthisis. "For nervous disturbances which present more of the hysterical element, the operation should never be thought of. In many such desperate cases I have seen a little moral suasion, administered with firmness, accomplish a great deal, and nature will often, when aided, bring about a favorable change in nutrition when least expected."

Ovarian and abdominal tumors, their history, diagnosis and treatment, occupy the remainder of the volume. The works of Peaslee and Atlee are so comprehensive that we could not expect any great addition to our knowledge on the subjects discussed. He believes that Drysdale's "ovarian corpuscle" is really diagnostic of, and when present is characteristic of ovarian tumor. This does not accord with the observations of some expert ovariotomists.

Our notice has already exceeded the limits we had set for the consideration of this most excellent volume. Our commendation has been freely given, and our criticisms have been very few in number and of no very great moment. We are satisfied that whoever reads the book carefully will agree with us that it is the best work on gynecology that has ever been written. This is high praise, but we have no hesitation in giving it, although our preconceived opinions were not at all favorable to the author.

We shall look with great interest for the appearance of Dr. Sims' forthcoming work on the same class of diseases. Even he, the acknowledged father of gynecology, will have a difficult task to eclipse the effort of his most favored pupil, Dr. Thomas Addis Emmet.

THE NON-ASYLUM TREATMENT OF THE INSANE. By William A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York and in the University of Vermont, etc., etc. Read by invitation before the Medical Society of the State of New York, February 5th, 1879, and reprinted from the Transactions. New York: G. P. Putnam's Sons, 182 Fifth av. 1879. From the Author.

Professor Hammond is earnestly engaged in the labor of asylum reform, and this is the first of a series of papers which he purposes writing with this end in view. Among the chief objects of this memoir he states it as his intention to show that the popular ideas, among both the people and their physicians, that it is necessary to place a patient suffering from any form of insanity in an asylum, that the medical officers of these institutions alone know how to treat the insane, and that restraint and separation are, in themselves, measures that are specially curative in their influence; that all these ideas are erroneous. Not only this, but also "that the medical profession is, as a body, fully as capable of treating cases of insanity as cases of any other disease, and that in many instances sequestration is not only unnecessary but positively injurious."

He argues that as the first recognition of insanity devolves upon the family physician in a vast majority of cases, that it is a false view, one opposed to common sense and experience, to say that merely because he is a general practitioner that he is consequently unable to continue the treatment.

He further supports his proposition by citing the fact that many of the most eminent alienists of modern times have never been professionally connected with lunatic asylums: such as Griesinger, Rush, Clymer, Seguin, Spitzka, S. Weir Mitchell, Jewell, and many others.

He quotes high authorities: Maudsley, Blandford, Dickson and C. Pinel, against the indiscriminate confinement of insane persons, and would, like these authors, confine asylum treatment to such patients *only* as are dangerous to themselves or others. On page 13 he writes as follows:

"The patients for whom lunatic asylums are particularly deleterious are those who display mild forms of mental derangement, who are capable of reasoning logically in regard to most of the circumstances presented to their minds, and who are enabled to control themselves to such an extent as to prevent the exhibition of themselves in ridiculous, violent or degrading aspects. Such persons feel very acutely the injustice and disgrace of incarceration. They know they are not dangerous to themselves or others, and the deprivation of their liberty they regard as cruel and uncalled-for. The violent rupture of social and family ties is especially injurious to those patients, and the association which they are compelled to have with lunatics far more profoundly affected than themselves cannot but have, as Maudsley says, a highly pernicious influence upon them."

An instance of "apparently unwarrantable incarceration of a harmless monomoniac," is introduced in a foot-note to the above. The instance was the commitment to an asylum of a man who imagined that he suffered "from a disease of the head by which his thoughts escape him through his nostrils and ears, and that every person can tell what he is thinking about." This *seemed* to be his only delusion. Dr. Hammond says: "On its face the whole proceeding was an outrage. The subject of it had the right to say whether he would go to the asylum or not, but *because he had a delusion which concerned no one but himself*, he is shut up during the pleasure of those who ought to have protected him, to the detriment of his chances of recovery." (Italics ours).

Now while we agree on all points with the proposition in the text, we see many difficulties, which appear to us absolutely insurmountable without asylum detention, in the way of enforcing the ideas there expressed. We also are unable to agree with the author, that the case quoted in the foot-

note was that of an inexcusable outrage upon individual liberty. The great difficulty encountered in a vast majority of cases is to ascertain to a certainty that a given delusion is one that concerns no one but the patient. We know of no alienist who would presume to give a positive decision, without having observed the patient for some time, that *any* delusion was confined in its operations and results to the patient alone. To do so would be to assume that insane patients invariably reason sanely from given premises, sane or insane. Every one who has observed the insane carefully, knows that delusions of apparently the most harmless character often give rise to acts of violence—homicide, suicide, arson, etc. We have a *striking* recollection of one case in our own experience, recalled by the instance quoted by Dr. Hammond. A patient whose ruling delusion was that every one was able to "read his mind," that "his mind had been exposed" through the influence of electricity, was the most violent and treacherous patient we have ever had to treat. Seclusion in an asylum was the only humane method of controlling his vicious tendencies.

Another case, celebrated in the jurisprudence of Missouri, was that of a man who thought his food had a bad taste; from this the step was a short one to the idea that his landlady had mixed poison with it; he murdered her, was tried and condemned to die; a commutation to imprisonment was secured, and, although he conducted himself properly, the same delusion followed him, and he succeeded in killing his keeper, who he thought was mixing poison with his food. At last, after the death of two innocent people, his insanity was recognized and he was sent to an asylum, where he succeeded finally in committing suicide by hanging.

Such cases demonstrate the necessity of sending all acute cases of mania, of general paralysis and of monomania to asylums until they can be properly observed and the tendencies of their delusions ascertained. This is necessitated in the immense majority of cases by the limited pecuniary ability of most people to properly care for their insane relatives at home or in the household of some physician.

Mild cases of melancholia, of acute and secondary dementia and of harmless monomania can be cared for at home. For these the asylum offers no advantages, rather the contrary, in the way of treatment.

Dr. Hammond is engaged in a noble work; he is a powerful writer and a most energetic reformer. While disagreeing with him in reference to minor details, we give him our undivided support.

FASTING GIRLS; Their Physiology and Pathology. By William A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York, and in the University of Vermont, etc. 12mo. pp. 76. New York: G. P. Putnam's Sons, 182 Fifth avenue. 1879. From the Author.

Professor Hammond has performed a much needed service by writing this little volume. His remarks are confined entirely to the question of prolonged abstinence from food. The popular delusions upon this subject are treated with very little cerimony, and will doubtless be removed from some minds. It is lamentably true that no argument from experience or science will remove the tendency to credulity from the minds of many. There seems to be an innate necessity for some to accept as fact anything that bears the appearance of the marvelous. This is probably a fault of organism, derived from the ancestry, that it will take many ages to eradicate. Such works as this of Dr. Hammond's will do some service in uprooting the weed superstition which finds a congenial soil in ignorance and erroneous education.

The book is divided into five chapters, the first tracing the wonderful stories of fasting through the middle ages; the second, the same subject in modern times; the third,

absence from food, with stigmatization; the fourth is devoted to the Brooklyn case (Miss Fancher); and the concluding chapter is given to the Physiology and Pathology of Inanition.

Of course due prominence is given to the case of the "Welsh Fasting Girl" (Sarah Jacob), which was the best observed of all such instances on record. The inference is natural that all other cases were likewise instances of well organized deception. At least we must be numbered among the incredulous along with Dr. Hammond.

The book is written in the author's best style, and whoever once begins its perusal will be pretty certain to read it to the last page. We most heartily commend the *brochure* to the attention of our readers.

A Treatise on the Diseases of Infancy and Childhood. By J. Lewis Smith, M. D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, etc., etc., etc. Fourth edition thoroughly revised. With illustrations. 8vo. pp. 758. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $4 50; leather, $5 50.

This work has acquired a most enviable place in American medical literature. It is, by all odds, the best book on the subject that we have seen. The profession has fully appreciated the value of the work, for three large editions have been eagerly taken, and we risk nothing when we express our opinion that few copies of this *fourth* edition will remain on the publisher's hands a twelve-month hence.

The book has been most carefully revised, especially is this noticeable in the formulæ given, and the very latest and most rational therapeutics of children's diseases which appear on almost every page.

Dr. Smith adheres to the theory of the non-identity of diphtheritic croup and pseudo-membranous laryngitis, or true croup. In this we think he is in error.

The theory of the origin of diphtheria from the presence of bacteria is not admitted. He seems to have some doubts on the subject, however, and at some future time we may find him ranged with the adherents of the bacterian theory.

Of course we most cordially recommend the work as the best in the market on the subject.

Chemistry: General, Medical and Pharmaceutical, Including the Chemistry of the U. S. Pharmacopœia. A Manual on the General Principles of the Science, and their applications in medicine and pharmacy. By John Attfield, M. A. and Ph. D. of the University of Tübingen; Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc., etc., etc. Eighth Edition, Revised by the Author. 12mo. pp. 697, with 87 illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $2 50; Sheep, $3.

The reputation of Attfield's Chemistry as the best treatise for the medical and pharmaceutical student is well established. The appearance of the eighth edition thoroughly revised by the author will add to this well-earned reputation. The new edition has been brought up to date, and contains some decided improvements over the seventh, which was noticed in these columns a little over two years ago. There are some three hundred new references in the index, and the work now includes all the chemistry of the pharmacopœias of the United States, Great Britain and India. The student of pharmacy will find it indispensable, and the medical student will find that it embraces just those portions of chemical science which will be useful to him. The work is most cordially commended.

Epitome of Skin Diseases, with Formulæ, for Students and Practitioners. By Tilbury Fox, M. D., F. R. C. P., etc.. etc., and T. C. Fox, M. B., B. A. (Cantab.), Physician to Saint George's and Saint James' Dispensary. Second American Edition, enlarged and revised by the Authors. 12mo. pp. 216. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $1 38.

The first American edition met with a ready sale, and the authors have been in-

duced to thoroughly revise and improve the second, and adapt it particularly to the American market.

The classification of cutaneous diseases adopted by the American Dermatological Association is presented in full. Of course a diminutive manual like the one under consideration can lay no claim to the place occupied by the larger treatises, but for ready reference and for giving suggestions in regard to treatment to those moderately well acquainted with the subject, it has a place and some real value.

The book is presented in elegant style, as we always expect will be the case in publications from the house of Henry C. Lea.

A Clinical Treatise on Diseases of the Liver. By Dr. Fried. Theod. Frerichs, Professor of Clinical Medicine in the University of Berlin, etc. In three volumes. Vol. I, Vol. II. Translated by Charles Murchison, M. D., F. R. C. P., Physician to the London Fever Hospital, etc., etc. 8vo. pp. 224–228. New York: William Wood & Co., 27 Great Jones st., 1879. Wood's Standard Medical Authors. Cloth, $1 per volume to subscribers.

Dr. Murchison's translation of Frerichs' classical treatise is too well known to require any words of commendation from us. We would, however, direct attention to the extraordinary cheapness and excellent quality of the series of standard works of which this treatise forms three volumes. These will be furnished to subscribers at one dollar per volume, while the original English edition, of the New Sydenham Society, can seldom be obtained at any price, and cost the original subscribers five dollars for the two volumes. The series of standard authors, thus far, has more than redeemed the promise of the publishers.

The Transactions of the American Medical Association. Instituted 1847. Vol. XXIX. Philadelphia: Printed for the Association. Collins, Printer, 8vo. pp. 900–245. From the Librarian.

This is one of the largest volumes of transactions issued by the Association. It contains a number of papers of much interest, some of which we shall probably notice at greater length on some other occasion. Dr. Wyeth's prize essays on the larger arteries, their surgical anatomy and history, have been published separately, and will receive notice in our next from the pen of an eminent surgeon. We gave such a full account of the transactions, shortly after the Buffalo meeting, with short abstracts of all the important papers and addresses, that it is not necessary to go into an elaborate analysis of the same here. Suffice it to say, that this is one of the best, if not *the* best volume, that has ever been issued by the National Association.

Lectures on Practical Surgery. By H. H. Toland, M. D., Professor of the Principles and Practice of Surgery and Clinical Surgery in the Medical Department of the University of California. Second edition. Illustrated. 8vo. pp. 510. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: Gray & Baker B. & S. Co. Cloth, $4 50; leather, $5 50.

We must compliment Professor Toland on the success of his book. It has been scarcely two years since the appearance of the first edition and now a second is called for. This is essentially the original work with the addition of a chapter on aneurisms. His last success in the ligation of the external iliac artery is finely illustrated. Some errors pointed out by the reviewers of the first edition, we regret to see, have not been corrected. The book is very neatly presented and reflects credit upon the eminent publishers as well as upon the great surgeon of the Pacific coast.

Literary Notes:—

The *Medical Herald*, the new Louisville journal, makes a fine appearance. The first number is full of excellent reading matter. It contains forty-eight pages and is offered at the nominal price of two dollars per annum. Dr. Dudley S. Reynolds, editor and publisher. The new venture has our best wishes for its long life and success.

THE *American Journal of Otology* for April is even better than the January number promised. It is one of the handsomest of the quarterlies. Subscription three dollars per annum. Wm. Wood & Co., New York, publishers.

THE *Journal of Nervous and Mental Disease* continues to maintain its position as the best exponent of psychological medicine in America. Its editors need not fear a critical comparison with similar European journals, so far as its contents are concerned, while its typographical appearance is far in advance of all competitors. Dr. J. S. Jewell, of Chicago, is the editor. Subscription five dollars per year.

ANNOUNCEMENTS :—

Mr. Henry C. Lea, of Philadelphia, will soon issue a new work by Dr. Austin Flint: "Clinical Medicine." We shall look for its appearance with a great deal of interest. Also, a "Handbook of the Principles and Practice of Medicine," by Dr. Frank Woodbury, of Philadelphia. Dr. Carl Seiler's "Handbook of Diagnosis and Treatment of Diseases of the Throat and Nasal Cavities," is also in press. Professor Harrison Allen's great work on Human Anatomy, Cornil and Ranvier's Histology, Dr. Jas. R. Chadwick's Manual of Diseases of Women, and a new edition of Soelberg Wells' Treatise on the Eye, are in course of active preparation.

Messrs. Lindsay & Blakiston, of Philadelphia, announce a series of "American Health Primers," edited by Dr. W. W. Keen. They will be written in popular style, and are designed "to diffuse as widely and cheaply as possible, among all classes, a knowledge of the elementary facts of preventive medicine, and the bearings and applications of the latest and best researches in every branch of medical and hygienic science." They will be issued about once a month, will be 16mo. in size, bound in paper and flexible cloth covers. Price, in paper, 30 cents, in flexible cloth, 50 cents each. The following volumes are in press: Hearing and How to Keep it, by Dr. Chas. H. Burnett; Long Life and How to Reach it, by Dr. J. G. Richardson; Sea Air and Sea Bathing, by Dr. Wm. S. Forbes; The Summer and its Diseases, by Dr. Jas. C. Wilson; Eyesight and How to Care for it, by Dr. Geo. C. Harlan; The Throat and the Voice, by Dr. J. Solis Cohen; The Winter and its Dangers, by Dr. H. Osgood, of Boston; The Mouth and the Teeth, by J. W. White, M. D., D. D. S.; Our Homes, by Dr. Henry Hartshorne; The Skin in Health and Disease, by L. D. Bulkley, of New York; Brain Work and Overwork, by Dr. H. C. Wood, Jr. It will be noted that all but two of the authors, as announced, are Philadelphians, and all, without exception, are first-class writers. Other volumes are in preparation treating of equally important subjects. We give the enterprise our cordial endorsement.

Messrs. G. P. Putnam's Sons, of New York, have in press, a systematic work on diseases of the nervous system, by the accomplished editor of the *Archives of Medicine*, Dr. E. C. Seguin. We may expect that this will prove a most excellent work.

Messrs. D. Appleton & Co., of New York, announce a new work on the practice of medicine, by Professor Roberts Bartholow; also An Introduction to an Investigation of the Urine, by Professors M. B. Hoffmann and R. Ultzmann.

BOOKS & PAMPHLETS RECEIVED.

THE MICROSCOPE in its Relations to Medicine and Cerebral Pathology. By J. N. de Hart, M. D. From the Author.

TRANSACTIONS of the Medical Society of the State of Tennessee at its Forty-fifth Annual Meeting. 1878. From the Secretary.

TRAINING SCHOOLS FOR NURSES. Circulars of Information of the Bureau of Education. No. 1—1879. Washington: Government Printing Office. 1879.

A GUIDE TO THE QUALITATIVE AND QUANTITATIVE ANALYSIS OF THE URINE. Designed for Physicians, Chemists and Pharmacists. By Dr. C. Neubauer, Professor, Chief of the Agricultural-Chemical Laboratory, and Docent in the Chemical Laboratory in Wiesbaden, and Dr. J. Vogel, Professor of Medicine in the University at Halle, with a Preface by Professor Dr. R. Fresenius. Translated from the seventh enlarged and revised German edition by Dr. Elbridge G. Cutter and Dr. Edward S. Wood, of Boston. 8vo. 551 pages. Few York: William Wood & Co. 1879. St. Louis: Book & News Co. Cloth, $6; leather, $7.

ON DISEASES OF THE ABDOMEN, Comprising those of the Stomach, and other parts of the Alimentary Canal, Œsophagus Cæcum, Intestines and Peritoneum. By S. O. Habershon, M. D., Lond., F. R. C. P., Senior Physician to, and late Lecturer on the Principles and Practice of Medicine at Guy's Hospital, etc. With illustrations. Second American, from the Third Enlarged and Revised English Edition. 8vo. pp. 554. Philadelphia: Henry C. Lea. 1879. St. Louis Book & News Co. Cloth, $3 50.

A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS. Designed as a Manual for Practitioners and Students. By Ambrose L. Ranney, A. M., M. D., Adjunct Professor of Anatomy and Lecturer on Minor Surgery in the Medical Department of the University of New York. 8vo. pp. 886. New York: William Wood & Co., 27 Great Jones st., 1879. Cloth, $3.

DEMONSTRATIONS OF ANATOMY; Being a Guide to the Knowledge of the Human Body by Dissection. By George Viner Ellis, Emeritus Professor of Anatomy in University College, London. From the Eighth and Revised English Edition. Illustrated by Two Hundred and Forty-nine Engravings on Wood. 8vo. pp. 716. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Company. Cloth, $4 25; sheep, $5 25.

HINTS IN THE OBSTETRIC PROCEDURE. By William B. Atkinson, A. M., M. D., Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia; D. G. Brinton, 115 South 7th st., 1879. Cloth, $1.

ESSAYS IN SURGICAL ANATOMY AND SURGERY. An Essay upon the Surgical Anatomy and History of the Common, External, and Internal Carotid Arteries; Awarded the First Prize of the Am. Med. Association, June, 1878. An Essay upon the Surgical Anatomy and History of the Innominate and Subclavian Arteries; Awarded the Second Prize of the Am. Med. Assotiation, 1878. An Essay upon the Surgical Anatomy of the Tibio-Tarsal Region; Jas. R. Wood Prize, 1876. An Essay upon the Surgical Anatomy of the Obturator Artery, and Notes upon the Surgical Anatomy of the Hip-Joint. By John A. Wyeth, M. D., (University of Louisville), Member of the N. Y. County Medical Society, Etc., Etc. 8vo. pp. 262. New York: Wm. Wood & Co., publishers, 27 Great Jones st. 1879. St. Louis: Book & News Co. Cloth, $2.

SPERMATORRHŒA; Its Causes, Symptoms, Results and Treatment. By Roberts Bartholow, A. M., M. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio, Etc., Etc., Etc. Fourth Edition, Revised. Small 8vo. pp. 128. New York: Wm. Wood & Co., 27 Great Jones st. 1879. All Rights Reserved. St. Louis: Book & News Co. Cloth $1.

PARESIS OF THE SYMPATHETIC CENTERS from Over-Excitation by High Solar Heat, Long Continued and Suddenly Withdrawn, Etc., So-Called Malaria; its Etiology, Pathogenesis, Pathology and Treatment. By Charles T. Reber, M. D. 12mo. pp. 112. St. Louis: George O. Rumbold & Co. 1879. From the Author.

THE RATIONAL THERAPEUTICS OF SIMPLE FEVER. By J. E. Tefft, M. D., Late President of the Medical Association of the State of the State of Missouri, Etc., Etc., Etc. Read before the Springfield (Mo.) Medical Society, and printed by its direction. From the Author.

CHLORAL INEBRIETY; Read before the King's County Medical Society, April 15, 1879, by J. B. Mattison, M. D., Brooklyn, N. Y. Reprint from *The Proceedings*, May, 1879. From the Author.

RHYMES OF SCIENCE: Wise and Otherwise. With Illustrations. 12mo. pp. 66. New York: Industrial Publishing Company. 1879. Cloth, 50 cents.

EXCISION OF THE EPIGLOTIS. By William Porter, A. M., M. D., Fellow of the American Laryngological Society, Physician to the Throat and Lung Department, St. Luke's Hospital, St. Louis. Reprint from *American Journal of the Medical Sciences*, April, 1879. From the Author.

Miscellaneous Notes.

CLINICAL LECTURES," as reported, are said to misrepresent the eminent gentlemen who are made to father them. This is how it is done, according to the editor of the Philadelphia *Medical Times* (April 26, 1879):

"We know that skeleton notes have been worked up at home by means of text-books, the lecturer being made to say what, in the opinion of the reporter, he ought to have said, whether he had said it or not; and we know also that, at least in some cases, the views of the lecturer have been greatly distorted. It seems hard to say these things, and yet it is high time that they were said. We know no reason for believing that the cases especially referred to are isolated. The prolificness of some of these reporters is gigantic, and there is being rapidly built up in American journals a whole clinical literature for which the best men of the profession in the country are seemingly responsible, but which is full of inaccuracies, absurd theories, etc., which have their origin not in their apparent source, but in the ignorance and audacity of medical reporters."

Hence we beg leave to congratulate our enterprising neighbors who publish, with so much *éclat*, the clinical lectures of Professor So-and-So! Perhaps they make "mighty interesting reading," but their value is easily appreciated in the light of the above quotation.

ISAAC HAYS, M. D., died in Philadelphia, on April 12, aged eighty-three years. Dr. Hays was born in the same city in 1796, was educated at the University of Pennsylvania, and graduated in the department of arts in 1816. He became an office student of the late Dr. N. Chapman, and graduated in medicine, at the University, in 1820. In February, 1827, he joined the editorial staff of the Philadelphia *Journal of the Medical and Physical Sciences*, which had been started in 1820 by Prof. Chapman. In the following November the title was changed to *The American Journal of the Medical Sciences*, and Dr. Hays became its editor. This position he held until his death, over half a century. In 1843 he began the publication of the *Medical News*, as a monthly in connection with the *Journal*. In 1874, he became editor of still another monthly, the *Monthly Abstract of Medical Science*. In 1869, his son, Dr. I. Minis Hays, became associated with him in his editorial work.

Dr. Hays was one of the founders of the American Medical Association and of the Pennsylvania State Medical Society. He was the first treasurer of the Association, and chairman of the committee which framed its redoubtable Code of Ethics. He was editor of several American editions of English medical works, and contributed many papers to the transactions of several scientific societies.

The journals which he conducted with such eminent ability for so many years, are the best monuments to his memory.

A CELEBRATED LIVER CASE (*National Medical Review*, April, 1879).—Among the various aspirants to the credit of having invented something in the art of medicine, considerable prominence has been given to the name of Prometheus, who is said to have stolen fire from heaven to animate two bodies which he had formed of clay. This procedure was looked upon as no less a crime in those days that *constructive arson*, and Jupiter caused him to be chained to a rock on Mount Caucasus, and appointed a vulture to breakfast upon his liver, which organ, or such part of it as was eaten away during each day, grew again over night.

Much has been written lately questioning the safety of certain surgical operations upon the liver, and it may be well to bear in mind that the case of Prometheus terminated favorably as regards the immediate effects of the several excisions, notwithstanding he did not have the benefit of antiseptic atomizations.

SIXTH DECENNIAL PHARMACOPŒIA CONVENTION.—We have been requested to publish the following notice to the several incorporated State medical societies, the incorporated medical colleges, the incorporated colleges of physicians and surgeons, and the incorporated colleges of pharmacy throughout the United States:

"By virtue of authority devolved upon me, as the last surviving officer of the Pharmacopœia Convention of 1870, I hereby call a general convention to meet in Washington, D. C., on the first Wednesday in May, 1880, for the purpose of revising the Pharmacopœia of the United States.

For the information and guidance of all parties interested, I refer them to the rules adopted by the convention of 1870, to be found on page 11 of the Pharmacopœia of the United States, and request their compliance with the spirit and intention of said rules.

JAMES E. MORGAN, M. D.,
No. 905 E st., N. W., Washington, D. C.

EXPLOSION OF SCROTUM (*Virginia Medical Monthly*, from the Madrid *Revista*).—During a hot October day, a soldier on guard at Fortosa, was lying down on the ground in the sun, and all at once, he heard a loud report, when he found portions of his clothes torn from him, and warm blood flowing from him. The whole anterior hemisphere of the scrotum had disappeared, leaving his testicles uncovered. In this situation he was immediately taken to the hospital, where he made a good recovery. We leave to the good judgment of our readers the interpretation of this phenomenon, but doubtless the opinion we entertain is a correct one. The confinement of gases in the scrotum, increased by the hot rays of the sun, produced this explosion.

APPOINTMENT.—Dr. Edward W. Jenks, of Detroit, has accepted an appointment to the chair of Medical and Surgical Diseases of Women and Clinical Gynecology, in the Chicago Medical College. This is a most excellent selection. Dr. Jenks will add strength to one of the *higher-grade* medical colleges, the only one in the West. We hope the profession in Chicago will soon issue a *higher-grade* medical journal. There is room for one in the Garden City.

THE plague has entirely disappeared from Astrakhan. The process of disinfection with fire seems to have been effective. The case supposed to be one of the plague, which caused some excitement in St. Petersburgh, was ascertained to be one of syphilitic adenitis. Dr. Batkin, the Czar's physician, who made the original diagnosis, refuses to be convinced of his error.

DR. LEWIS A. SAYRE, of New York, has been elected President of the American Medical Association for the ensuing year. A worse selection could not have been made, if the members of the Association have any desire to improve; a better one could not be imagined if the members wished to hasten the downfall of the organization. *Vive le humbug!*

Home News.

SEVENTY-FIVE thousand dollars have been appropriated for the rebuilding of the asylum at St. Joseph.

MR. CHARLES W. FRANCIS has been appointed and confirmed as Health Commissioner of St. Louis for the term of four years. It is well enough for the profession to understand that Mr. Francis received his re-appointment through the influence of the professors of the local medical colleges. The faculties of the "regular," eclectic and homœopathic colleges, for once, were a "happy family," and united in solid phalanx to support Mr. F. The *profession of medicine*, outside of the colleges, was united in opposition to his confirmation. Comment is needless.

THE St. Louis Baron Munchausen has been exercising his imagination again. He has given certain *fanciful* (to use a polite term) items to the Boston *Medical and Surgical Journal*, with regard to the Health Commissioner, which clearly show that he expects some position in the Health Department. We suggest that he be placed in charge of the *lying*-in department of one of the hospitals. Thus would faithful service be rewarded and poetic justice be satisfied —two birds would be killed with one stone, as it were!

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, JUNE, 1879. NO. 3.

Original Communications.

NOTE ON THE USE OF THE HOT VAGINAL DOUCHE.

BY A. REEVES JACKSON, A. M., M. D.
Formerly Surgeon-in-Chief of the Woman's Hospital of the State of Illinois, etc., etc.

In consequence, mainly, of the enthusiastic recommendation of Dr. Emmet, of New York, the use of vaginal injections of hot water has become very general in gynecological practice. In common with others I have employed this means frequently, and, in many cases, have felt satisfied with the result. When I have had occasion to examine the parts very soon after the douche had been used, I have found them in the condition I had been led to expect, namely: the vagina was contracted and its walls, together with the vaginal portion of the cervix uteri, blanched and shrunken. I have reason, therefore, to believe that these local effects may always be confidently looked for when water at a temperature ranging from 100° to 110° F.—some of my patients have assured me they had used it as high as 124° without discomfort—is thrown into the vagina for a sufficiently long time, say from fifteen to thirty minutes.

It has been supposed, and so taught and accepted, that the same means was potent in lessening vascular fulness in the parts beyond those with which the water came into immediate contact, and that its beneficial effects were to be accounted for on that theory.

Recently, I have begun to suspect that there may be some fallacy about this matter, and that possibly we have been accepting too much on trust.

I have ascertained by a number of observations, that the emptying of the superficial vessels is sometimes of very short duration, and I feel doubtful whether the astringent effect extends at all to the more deeply-seated pelvic organs. In one patient whom I examined one hour after an injection at 108° continued for twenty-five minutes, I found the parts relaxed and the mucous membrane of a bright red color.

It would seem that, of all the local conditions demanding the especial effects which are attributed to hot water injections, none would be more likely to be benefitted by them than vaginitis; yet, I have not only been disappointed in every case of this disease in which I have used them, but I am sure that in some their employment was injurious.

Whether the good effects of this remedy in the treatment of uterine disease have or have not been over-rated, it is quite certain that there are some drawbacks to its use. For example, several patients have informed me that the douche was followed by great prostration, lasting, in some instances, several hours. Others, again, have been obliged to abandon it entirely because of long-continued flushings of the face and throbbing headache resulting from its use.

The experience of others may not correspond with my own, and I feel some hesitation in placing myself in a position not in accord with the popular opinion concern-

ing this remedy, which, at present, is so much in fashion. Nevertheless, I am constrained to say that it has disappointed, in great degree, the expectations I had formed of its very great efficacy, and which were founded on the high encomiums lavished upon it in various quarters.

CHICAGO, 785 Michigan avenue.

ON THE RATIONAL TREATMENT OF GONORRHŒA.

BY LOUIS BAUER, M. D., M. R. C. S., ENG., ETC.

Since my first contribution to the CLINICAL RECORD on this subject,* I have met with some opportunities to pursue my observations and to put the emollient plan of treatment to further test. The results mentioned on that occasion, have been affirmed in almost every particular.

Aside from the antiphlogistic regimen and mild aperients, I have employed the emollient plan exclusively.

In seven cases of recent infection, relief was obtained within the average time of six days and nine hours, discharge and tenderness having ceased. Some of the patients were attacked for the first, others for the second, and one for the third time.

Thus far the emollient plan has given satisfactory results, but I am, as yet, unprepared to say whether *absolute non-interference* might not give even better, or at least as good ones. Experiments to this effect will be next in order.

So far as my clinical observation now extends, I have no hesitation in expressing preference for the emollient plan when compared with the treatment heretofore in vogue. One experiment and one incidental observation will serve as objects of comparison:

Mr. E. came under my charge on the third of April last. He is a strong young man, with good constitution and a fair weight; suffers from first attack of infectious gonorrhœa. Discharge as yet moderate, sero-purulent, of alkaline reaction, containing an abundance of epithelial cells partly converted into parental pus-cells. Moderate soreness at the navicular fossa, both subjective, and on pressure. The symptoms were of two days duration, coition having taken place five days before my seeing the patient. In order to be fully confirmed in my diagnosis as to the character, I took occasion to inspect the girl and found her suffering from a moderate erythematous vaginitis. Thus, cause and effect were clearly established.

Commenced treatment on same day according to the stated maxims.

April 4. Symptoms about the same. Had passed good night. Bowels moved twice.

April 5. Discharge diminishing but still alkaline.

April 6. Steadily improving.

April 7. Almost well.

April 9. There is no discharge or tenderness on pressure. Urination free and painless. Rest perfect.

With the full understanding and consent of the patient I was permitted to add sulphate of zinc to the injection thus far used. The mixture was then as follows:

℞ Infusi sem. lini (ex ʒii parati) fʒiv;
Cui adde ext. opii. aqu. fl. gtt. xii;
Zinci sulphatis. - - - - gr. vi.
M. S.—To be injected every two hours.

I have reason to believe that the patient did not accurately comply with the directions, and that he did not inject as often. Notwithstanding, the urethra soon became irritable and sensitive, expelling the fluid. The tenderness extended rapidly towards the bulb; the discharge returned, and of a serous character, and again presented alkaline reaction. Ensuing night passed rather restlessly, disturbed by sensitive erections and more frequent micturitions; general discomfort.

April 10. The injections at longer intervals; four hours.

* January, 1879.

April 11. Injections suspended. Symptoms in every respect intensified; discharge rather copious, alkaline; urination frequent and decidedly painful. Directed warm alkaline bath, diluent beverages, chiefly milk. Seidlitz powder as aperient. Rest of body and mind.

April 12. Restless night; seminal emission; copious sero-purulent discharge; alkaline; frequent and uncomfortable urination. Returned to emollient treatment.

April 14. Slow improvement. Orifice of urethra œdematous and raw. The case is yet (this 10th day of May) under treatment and far from being well.*

The experiment was instituted for the sake of comparing the results of the emollient and the stimulating plan of treating infectious gonorrhœa. The difference in the results needs no commentary. I, for one, feel no inclination to repeat the like experiment even with the consent of the patient, still less on my own responsibility. When I changed from the emollient plan to the stimulating, the patient had virtually recovered. The epithelium had probably been already replaced, or was in the course of reconstruction. From the very moment the sulphate of zinc was superadded, the disease was not only rekindled, but exceded in intensity the prior attack, not to speak of the delay thus engendered.

It might be said, that the action of so irritating a salt upon an almost healthy lining membrane would necessarily evoke just such a train of symptoms. Conceded. But how much more deleteriously must such a substance affect the mucous membrane when deprived of its epithelial protection, and when its nerve papillæ are exposed?

It should further be born in mind that the injection was below the average strength and besides in a mucilaginous vehicle.

On the other hand, it should be considered that the patient was young and vigorous and that the tone of the urethra had not been reduced by previous gonorrhœal attacks. But for these reasons he was all the more a fit subject for the experiment.

Isolated as this trial may appear to the reader, yet it would seem conclusive in proof that irritating injections into the urethra are not calculated to subdue a gonorrhœal inflammation; on the contrary, they will inevitably increase the active symptoms, and if persevered in, not only lead to delay, but even to serious consequences.

About the same time, a young man came under my charge who had been treated by another physician, both with internal remedies, presumably copaiba and cubebs, and injections. Within three weeks he had apparently been relieved from his gonorrhœal discharge. For a few days he felt well, when, suddenly, he was attacked by dysuria and the necessity of frequently micturating. The anterior part of the urethra was painless, almost dry, without a trace of discharge, yet of a deeper red color. Pressure upon the perineum, however, caused so painful a sensation, that the patient had to relinquish riding on horseback, which his business avocation otherwise rendered necessary. Introducing my finger into the rectum, I at once discovered induration, enlargement and great tenderness of the prostate. Passing my finger up to the trigonum of the bladder, and at the same time exercising some pressure from the front upon that viscus (bimanual), the patient almost fainted from the intensity of the pain thereby evoked.

Inasmuch as the urine was not changed in its normal appearance and composition, it is but fair to presume that the muscular coat, and, perhaps, the peritoneal covering of the bladder, were principally compromised.

I regret having omitted to ascertain the temperature of the parts at that time, for I am fully persuaded that it must have exceeded the normal standard by several degrees.

* Discharged May 27.

The case was consequently a serious one, requiring prompt and efficient measures to avert prostatic abscess and even more aggravated consequences. I ordered the patient to bed; had leeches applied in front of the anus; mercurial ointment with extract of belladonna rubbed into the perineum and on the inside of the thighs; a warm bath; restricted the diet to an antiphlogistic regimen, and prescribed an emulsion with nitrate of soda and anodynes, but no injection into the urethra.

In the first place, there was no occasion for any local action upon the canal, and next, I expected that the gonorrhœa would make its reappearance, which might then be ascribed to the injections. This treatment had the desired effect in reducing the prominent symptoms, and on the third day the urethral discharge set in and soon became as copious as it had been in the beginning, if not more so.

The case is still under observation, and is doing fairly, but the prostate gland still exhibits some remnants of its former pathological changes. To this state may be ascribed the repeated seminal emissions which have occurred during the last few nights, and which I am trying to combat by the continuation of antiphlogistic resolvents and ice suppositories into the anus.

Here we have a case in proof of the consequences of the customary treatment of gonorrhœa as inculcated and recommended by surgical writers and specialists. The physician in the case is a young and diligent practitioner, who has, perhaps, strictly followed the plan of treatment laid down in textbooks. He was certainly blameless when he acted under the directions of authority. I shall refer but to one, namely, the treatise of Prof. F. J. Bumstead, a book much favored by the American profession. On page 64, he still recommends the "abortive" and "substitutive," treatment against the *initial* symptoms of gonorrhœa *to create inflammation of the urethra by nitrate of silver* in weak and concentrated solutions. And in the acute stage he commences "at once with copaiba or cubebs," deferring, however, "the anti-blenorrhagics for a few days," if "the penis be still much swollen and the scalding on passing urine is severe."

The chief remedies adapted to "the third stage are injections, and copaiba and cubebs" (page 74). On page 77 he recommends the following formula:

℞ Zinc. acetatis, - - - gr. xii;
Aq. dest. - - - - - - ʒiv.
M.

If this does not answer, he resorts "to a solution of nitrate of silver of from two to five grains to the ounce(!!) of water, while at the same time the patient is directed to continue his injections of sulphate of zinc." Dr. Bumstead, however, favors the acetate of zinc to such an extent, as to pronounce it "the one best adapted to the largest number of cases," adding, "many men about town carry in their pockets a prescription of this kind, generally with the addition of a little morphine or a few grains of powdered opium, with which they almost invariably succeed in arresting their frequent attacks of gonorrhœa without resorting to nauseous antiblenorrhagics or finding it necessary to consult a surgeon" (page 77).

He emphatically endorses the abortive treatment as "deserving confidence and praise when the gonorrhœa has just started." Of course, if the patient had not that disease, then his physician would surely produce it for him. In the inflammatory stage he uses "copaiba or cubebs," two exciting and stimulating drugs, not calculated to allay the existing inflammation, but rather augmenting and spreading it. Then, in the following stage he again returns to nitrate of silver, from two to five grains, as an injection, besides a solution of sulphate of zinc, and at last he candidly informs his readers, that a weak injection of acetate of zinc relieves "the men about town" without the further assistance of a surgeon.

Indeed, if the previous physician of my case has treated the patient according to the directions of Prof. Bumstead, nobody should wonder at the result, for they are a complete cauldron of incongruities and sublime empiricism.

In summing up the deliberate counsel of the renowned professor of syphilology, it amounts to this:

1. Gonorrhœa is a strictly local inflammatory disease.

2. A rapid cure is effected by establishing a still more intense inflammation with caustic injections.

3. If these do not succeed, prescribe acetate of zinc, and when that fails, return to the nitrate of silver.

4. Direct, at the same time, copaiba or cubebs internally, notwithstanding the disease is local;

5. And, by implication, get a copy of a prescription from the "men about town," and you may get rid of your trouble without these means, and the surgeon into the bargain.

It is really astonishing what an amount of bosh may be met with in authoritative works, when somewhat carefully analyzed. Sheer empiricism is often set forth as profoundest wisdom, misleading those who implicitly rely on authority, instead of using their own judgment in accordance with surgical principles. Now, if gonorrhœa is a local disease of limited extent, then there is no sense in using internal treatment. If it is an inflammatory lesion, it ought to be treated antiphlogistically for its suppression. This is the plain logic in the premises. In Dr. Bumstead's procedure we can recognize no guiding principle. Nay, more, he seems to be unable to learn even from "the men about town."

Again, that author is aware that prostatitis, orchitis and the like concomitants may grow out of gonorrhœa when highly "irritant injections" are used, but he does not think that such complication can be "occasioned by the use of copaiba and cubebs, unless in very immoderate doses." To my thinking the use of nitrate of silver in doses advised by the Doctor are exactly "highly irritant" injections, and moreover, I have seen prostatitis, orchitis, etc., engendered by smaller doses of copaiba and cubebs than those which that gentleman considers appropriate.

I feel fully persuaded that strictures, gleet, prostatitis, orchitis, inguinal adenitis, etc., may be, and should be averted as the outcroppings of gonorrhœa, and if they do happen, that they are, in nine out of ten cases, the fault of surgical management, the result of abuse of "highly irritating injections" and of "antiblenorrhagics."

Just now I have a patient under my charge who is, to all intents and purposes, the victim of misapplied surgical art. But four years ago he was a sound man, capable of fulfilling the duties of an engineer; to-day, although but fifty years of age, he is a complete wreck. After a four years' treatment (with but short interruptions) for gonorrhœa and its sequelæ, he has been dropped by his "faithful physician," once the resident physician of a great Western hospital, with two urinary fistulæ, an impassable stricture and a complete adhesion between the prepuce and the glans penis. These ravages are now attributed to some irregularities in the life of the unfortunate man, particularly to some intemperance. I am aware that perforating ulcers of the stomach and strictures of the œsophagus may be thus engendered, but that such habits should produce similar effects in the urethra is a novel etiological theory, which I hesitate accepting. It is, moreover, entirely out of the range of my understanding to connect intemperance with agglutination of the prepuce with the glans penis.

In perusing the "practical treatise" of Van Buren and Keyes (D. Appleton & Co., New York, 1876), I have come across some deliberate statements which cannot fail to puzzle the reader.

Thus, for instance, on page 58, the

authors say: "A well-managed case of gonorrhœa lasts from three to six weeks, but the discharge may last for months and years." Nor do I wonder that their cases "last" that long, when one considers the numerous and diversified drugs which they put successively in requisition, although in milder doses than Dr. Bumstead.

Undoubtedly the authors have more carefully considered their subject than the latter and have therefore taken firm ground against all and every attempt at the "abortive" and "substitutive" treatment.

They say, on page 61: "It is unnecessary, in this day of surgical enlightenment, to condemn such a practice," which (page 62) "when it does not cure it invariably does harm." And again: "Should the treatment fail, the subsequent course of the disease is pretty sure to be more violent than it would otherwise have been."

"Strong injections, especially if thrown deeply into the canal, produce most serious complications."

And in fine, on page 62: "One consequence of strong injections of nitrate of silver is undoubted, namely, organic stricture." Thus the authors are booked against the abortive treatment still upheld and commended by other writers and Bumstead among them.

Before leaving this subject I beg to present a few aphorisms to the readers as fit points for thought and reflection:

1. Gonorrhœa is indisputably a local disease.

2. The cause of gonorrhœa is local also, and of ephemeral duration.

3. Gonorrhœa is inflammatory in character, and if not disturbed by stimulating treatment, limited to the anterior portion of the urethra.

4. Primarily gonorrhœa affects the mucous membrane only.

5. Whatever may be the primary disintegration of the urethral lining by gonorrhœa, the structures involved are endowed with the power of spontaneous repair, that is to say, the reproduction of epithelium.

6. The reason why the erythematous inflammation of the urethral canal deserves special consideration and treatment is its special function to serve as an aqueduct for a saline fluid (urine).

7. The only rational indications for the treatment of gonorrhœa, are:

a. To protect the raw surface of the mucous membrane against contact with urine.

b. To dilute the urine by frequent bland beverages, warm (alkaline) baths, and the like.

c. To reduce the inflammation and the hyperæsthesia of the nerve papillæ.

By what means these indications are realized is a matter of no consideration, so long as they truly fulfill their respective objects.

ST. LOUIS, 519 Pine street.

A REPORT ON PREVAILING DISEASES OF TARRANT COUNTY, TEXAS, FOR THE MONTH OF APRIL, 1879.*

COLLATED BY JAMES P. BOOTH, M. D.

Gentlemen:

In accordance with the recently incorporated portion of our by-laws, unanimously accepted by your honorable body at our last meeting, your reporter respectfully begs leave to submit the following report:

1. In reply to the query, "What diseases have prevailed in your locality during the past month?" I find that there have prevailed, throughout the entire county, so far as heard from, the following diseases, viz: Intermittent, remittent and catarrhal fevers, dysentery, diarrhœa, tonsilitis, pneumonitis and bronchitis, occurring in about the order above mentioned, so far as I can learn from the varying reports sent me. Intermittent

*Read before the Tarrant County Medical Association.

fever stands preëminently at the head of the list as really *the* prevailing disease.

2. "Has there been any epidemic?" In answer to this, all agree in the non-prevalence of an epidemic in any portion of the county, save in the city of Fort Worth, where dysentery has prevailed to a considerable extent for the past month. Our honorable president, Dr. E. J. Beall, kindly forwarded me a full history of the disease, as it has prevailed in the city, from its commencement to the 29th ultimo, and while I fain would offer the society the entire rich professional treat tendered them by that worthy gentleman in his able delineation of the disease, I fear I might perhaps go beyond my province, and will, therefore, only offer a few excerpts from Dr. B.'s valuable letter. After noting its advent, in a "sporadic form," in the earlier weeks of the month, he says: "To-night, the 29th, the cases have become so numerous, that I may safely say that the disease is prevailing as an epidemic." "There are no special features," he continues, "to note in relation to the disease, different from our usual visitations; as it is familiar to us in this latitude at this season. The infant, the child and the adult, are alike subjects of this disease. I believe that I have noted vomiting and nausea as being a more common accompaniment, in ratio of cases, than memory now attaches to past observations of the disease." As to treatment, he finds that, with few exceptions, "phosphate of soda, tincture of gelsemium or belladonna and camphor water in aperient portions, followed by Dover's powder and quinine, have terminated the cases in adults." While mentioning the varieties of treatment, Dr. Beall speaks of coto, and although he has evidently not tried the remedy to his entire satisfaction, he says: "At a future time, our people being further sufferers from the disease, I may communicate through our reporter, some observations of the disease, as regards treatment with cotin and paracotin. The reports from foreign sources being so encouraging with these alkaloids, I shall feel, with further opportunities, as having acted amiss, should I disregard these remedies in this class of bowel affections." He further writes, "the disease is of malarial origin and, I believe, enters the organism through the medium of the lungs, in most instances."

Your reporter has, unfortunately, received no other information on this important subject, except that given him by Dr. Ansell, in a recent conversation. Dr. Ansell has observed the disease closely since its advent, and certainly pronounces it epidemic. His treatment, he tells me, has been saline cathartics in the beginning, followed by the vegetable astringents, kino and catechu, and a combination of tannate of bismuth with Dover's powder. In his trials of the fluid extract of coto, the Doctor thinks he recognizes a valuable agent in the treatment of bowel affections. Your reporter regrets that Dr. Ansell's letter came too late for him to utilize it in this report, as the Society is certainly the loser thereby, but he hopes to make amends by presenting some extracts therefrom at our next meeting.

3. "To what extent has typhoid fever prevailed?" This disease has prevailed to a very limited extent, there being but two cases reported as having occurred in the county, and these were in Fort Worth. Dr. T. A. Cravens, of Arlington, writes that he has treated about five cases, "so-called," but from the tenor of his communication, I think he would class his cases as typho-malarial.

4. "Have you observed any change in the type of typhoid fever during the past five years? Is the disease as frequent, severe or fatal as formerly?" The replies to these questions are somewhat conflicting; all agreeing, in the main, however, that the disease is more frequent, but less severe and fatal than formerly. Dr. D. M. Lipscomb, of Grapevine, evidently an old practitioner of medicine, and a close observer,

says that typhoid fever has been rather prevalent in his locality "occasionally for near twenty years, and has always been of a rather mild type." He says: "It is still mild." Dr. I. Z. Van Zandt, of Dido, thinks the disease more frequent, but affirms it to be decidedly more severe than it was five years ago. On the other hand, our worthy President, Dr. Beall, thinks the disease is steadily subsiding, and agrees with Dr. Will B. Davis of Grapevine, that the decrease in mortality is "due to the better understanding of its pathology, etiology, clinical history, and, more particularly, to the more highly enlightened therapy bearing upon the disease now than formerly.

5. "In what percentage of cases of zymotic diseases have you been able to trace the exciting cause to bad sewage, drainage, etc.?" This question bears so directly upon Fort Worth, that I shall give the answer of Dr. Van Zandt in full. He says: "Am not sure, but have been disposed to attribute the large amount of typhoid fever in Fort Worth to the sipe wells, collecting the filth drained from the surface; hence shall look for a material decline in this disease, as the use of artesian well water becomes generalized." It might be well to state, for the information of members recently arrived in Fort Worth, that Dr. Van Zandt formerly lived and practiced in Fort Worth, being an associate of Dr. Beall.

6. "Have you ever known a case of typhoid fever or diphtheria to arise spontaneously, every possible source of transmission from some previous case having been eliminated?" While Dr. Beall thinks himself "not justified in overthrowing" his "received opinions in etiology by receiving the report of the minority" in general, your reporter, if at all democratic in his principles, must assuredly answer the query in the affirmative, for in this particular instance the "report of the minority" becomes the report of the majority. But while all agree that the diseases may and do sometimes arise spontaneously, none offer sufficient proof to controvert Dr. Beall in what your reporter deems one of his strong points. Dr. Van Zandt says: "One case of typhoid fever I call to mind, of a child, within a mile of where I write, who had not been away from home for months, nor had there been a case for miles around, so far as I can learn. This case was followed by two others in the same family."

7. "To what extent have diseases of malarial origin increased in the past month in your locality?" All acknowledge an increase, save, perhaps, the reports from Grapevine, which are emphatic in their denials. On the streams throughout the county there has been an increase of perhaps fifty per cent., while in other localities the increase in malarial diseases has been but slight.

8. "What has been the nature, extent of prevalence, etc., of other diseases, not specified in previous questions, occurring in your locality?" The answers to this question, show the diseases to have been as varied as they well could have been. Dr. Van Zandt mentions two cases of purpura, occurring in his locality, "both in women past middle life, and both of whom have been almost entirely without vegetables during the winter, having been previously accustomed to an abundance." Dr. Broils notes the occurrence of "some few cases of *varicella*," in his neighborhood, not mentioned by any other gentleman. Dr. Cravens calls attention to "quite a large number of cases of tonsilitis, which," he says, "I am at a loss to know how to account for." In connection with this matter, your reporter has noticed a remarkable prevalence of the affection in his neighborhood, usually accompanied with an ulcerative stomatitis. Indeed the latter has prevailed to such an extent as to attract the attention of the laity, and I am frequently asked the cause of so much sore mouth this year. Dr. Beall thinks the month of April, in Fort Worth, will be classed among the healthiest enjoyed by our population for half a decade.

Bowel diseases, except dysentery, have not been numerous, with nothing obtaining unusual or special in nature. "We have had," says he, "several unexpected deaths from apoplexy, one or more probably embolic in origin; and, again, a case originating, likely, from specific constitutional disease."

In conclusion, gentlemen, I am constrained to call your attention to the fact, that very few members of our Association have responded to your interrogatories as we would naturally wish them to have done; but while your reporter lays this complaint before you, he feels highly gratified with the promptness and interest shown by gentlemen of the profession not members of the Society, to all of whom our thanks are certainly due. Urging the members to a more general compliance with our new by-laws in this particular, that the object of the originator may be attained, this imperfect report is respectfully submitted.

FORT WORTH, Texas.

Translations.

(Translated for the Clinical Record.)

LARYNGEAL VERTIGO.—(Charcot's clinic at the Salpêtrière Hospital, *Le Progrès Médical*, April 26, 1879) Dr. J. R. Gasquet published in *The Practitioner* for August, 1878, a case of what he termed laryngeal vertigo. The patient was an admiral on half pay, always had good health until three years ago, when he had a severe attack of bronchitis accompanied by a spasmodic cough with dyspnœa coming on several times a day. Since then he has been subject to attacks of the following description: He suddenly loses consciousness and falls, has no convulsions. In a few minutes—two or three—he recovers, but remains giddy for a short time. He was treated for some obscure brain trouble, for epilepsy, for stomachic vertigo, etc., but without success. He finally noticed that these attacks, which came on at irregular intervals, *were always preceded by laryngeal irritation*, and *spasmodic cough*. This was generally, not always, however, followed by an attack. He then concluded to carefully attend to his larynx(?), which is now well, and the attacks have not returned for nine months.

As pointed out by Dr. G. Decaisne (*Revue des sciences médicales*, April 15, 1879), Prof. Charcot had already reported a similar case, under the same name, to the Society of Biology, as long ago as Nov. 19, 1876, which was printed in the proceedings of that body in the *Gazette méd. de Paris*, No. 43, 1876, with his remarks:

Fifteen years ago Professor Charcot was called to see a gouty patient who occasionally suffered from a spasmodic cough. He was fifty-five years of age, and had never had epilepsy. Since the beginning of his spasmodic cough, he occasionally falls, but is certain that he does not lose his consciousness entirely. These attacks always occur during a coughing spell. He never has any convulsions in these attacks.

In August, 1876, Prof. Charcot saw a case with Dr. Caresme, now to be described: Mr. H., aged fifty-five years, not epileptic, complained of having suffered for the past year from what he calls "attacks." They are announced by a tickling at a point a little below the larynx, with a slight, dry cough; all at once he loses consciousness and falls. Those who have observed him say that in the attack his face becomes cyanosed and turgid, and that occasionally there are convulsive movements of the muscles of the face and of one arm. He never bites his tongue nor passes his urine in this condition. The attack is of very short duration and is scarcely over when he rises, without stupor, and is able to continue the conversation that may have been interrupted for a moment. The attacks have lately become very frequent—as many as fifteen having occurred in a single day—and he has even fallen in the street. They

are always preceded by the laryngeal tickling and slight cough, but these are not always followed by a severe attack—he sometimes experiences only an indescribable feeling of giddiness which is not followed by a fall. For a long time he has had chronic bronchitis with emphysema, but only for a year have the laryngeal symptoms and "attacks" declared themselves.

In this class of cases, Professor Charcot thinks that the symptoms have their origin, perhaps, in a peculiar irritation of the centripetal laryngeal nerves. Thus we have to deal with a sort of *laryngeal vertigo*, analogous, in some respects, with *Ménière's vertigo* which appears to be connected with an affection of the labyrinth. With this idea he prescribed cauterization of the pharynx with silver nitrate, and large doses of the bromide of potassium internally. After some weeks of treatment the patient was cured.

In seeking for published cases connected with the same clinical type, Prof. Charcot found in the Berlin *Klin. Wochenschrift*, 25 Sept., 1876, one reported by Dr. Sommerbrodt: This was a man aged fifty-four years, who for a year had suffered from epileptiform attacks with laryngeal symptoms. A polypus of the larynx was discovered and removed by operation, and the epileptiform attacks have not since returned.

In his last clinical conferences at the Salpêtrière (Dec. 1878), Prof. Charcot again took up the subject of the complex of symptoms, the principal features of which may be seen in the preceding cases, and for which he proposes the name of *laryngeal vertigo*. In the two following cases it will be seen that the fundamental characters of this clinical type are faithfully reproduced:

Dr. W., born in Russia, aged about forty years, twelve years ago, in winter, remained for an hour in water up to his middle. This was followed by an attack of general articular rheumatism that kept him in bed for nearly three months. Soon a bronchial affection was developed—first acute, then almost permanent. There was constant oppression of breathing, sibilant râles to be heard at a distance, and difficult expectoration. Violent attacks of asthma frequently occurred, followed by the characteristic expectoration.

In the course of the year 1877, the following phenomena recurred a half score of times: Apart from an attack of asthma and without assignable cause, the patient feels suddenly a peculiar and very painful sensation of burning and tickling just below the larynx in the course of the trachea, followed shortly by a coughing-spell Then, suddenly, vertigo appears, and, almost at once, he feels the fingers of the left hand involuntarily flexed, the same extremity becomes rigidly extended and raised as one piece to the height of the head, at the same time the entire member is shaken by three or four clonic movements. He then loses consciousness, and awakes some seconds later, when he finds himself always lying on the ground upon his left side. There are no peculiarities as regards motion or sensation in the left extremities during the intervals between the attacks. Sometimes the peculiar sensations described are followed only by a few whistling inspirations and a threatening of suffocation, otherwise the attack remains incomplete. Laryngoscopical examination, made by M. Fauvel, discloses merely a little abnormal redness of the mucous membrane. Dr. W. died suddenly, while fully conscious, without having had convulsions, in the course of an asthmatic attack, in January, 1878.

Mr. G., aged forty-five years, in July, 1878, had an ordinary bronchitis that was cured in a short time, but left after it an almost constant sensation of burning and tickling in the laryngeal region. These sensations were suddenly aggravated and were followed instantly by very painful coughing-spells. In the course of the month of August, as he was in bed, he was

abruptly awakened by one of these fits of coughing; he arose, lost consciousness almost immediately, and came to himself some moments later and found that he had slipped to the floor. Since then these attacks have been very frequently repeated, sometimes as often as three or four times in one day. He always loses consciousness and falls; several times he has fallen in the street. He rises almost immediately, without any confusion of mind, but remembers nothing of what happens during his fall, recollects only the laryngeal tickling, the cough and the sensation that precedes it. Spectators say that sometimes, at the time of falling, his face becomes cyanosed and swollen, occasionally there are some convulsive movements in the face and limbs, but that there is no initial cry and no emission of urine. He has never bitten his tongue, and never has nausea or vomiting when he awakes. Laryngoscopic examination, made by Dr. Krishaber, gives only negative results. This was the condition of affairs when he was first seen by Prof. Charcot, in December, 1878. The latter prescribed large doses of bromide of potassium and flying blisters over the region of the larynx; after three weeks of treatment all the morbid phenomena disappeared.

Prof. Charcot thinks that the complex of symptoms described in these cases permits us to group them together into a distinct class easy of recognition in practice. All these symptoms, however, are sometimes presented by patients with locomotor ataxy, in whom they form one of the varieties of *tabetic laryngeal crises*, first described by Dr. Féréol. The points of difference will be presented in a future paper. As to treatment, revulsives to the laryngeal region, cauterizing the pharynx, and the administration of the bromides in large doses appear to have been crowned with success —always excepting ataxic cases, and those where a laryngeal polypus was the cause— in all cases in which these means have been employed.

Proceedings of Societies.

THE AMERICAN MEDICAL ASSOCIATION.

GENERAL SESSIONS.

The thirtieth annual meeting of the American Medical Association was held in Atlanta, Ga., on May 6th, 7th, 8th and 9th, 1879.

The meeting was called to order at 11 o'clock, A. M., May 6, by the President, Dr. Theophilus Parvin, of Indiana. Prayer was offered by Rev. Dr. Gwinn, of Atlanta, after which an eloquent address of welcome was delivered by Dr. J. P. Logan, on behalf of the local committee of arrangements. The list of members registered was then read, followed by protests against the registration of certain delegates from Arkansas, Indiana and West Virginia. Dr. Logan read the programme of entertainments offered by the profession and citizens of Atlanta, and an invitation from the people of Augusta to participate in an excursion to that city. Dr. Campbell, of Augusta, reinforced this invitation by promising the visitors "a real old Georgia barbacue." This was received with applause, and, of course, accepted.

Communications from absent members were then read, after which President Parvin read the annual address. This was anti-materialistic in tone and was received with great applause. Five thousand copies were subsequently ordered to be printed for general distribution. Several papers were offered and referred to the appropriate sections.

Dr. E. Seguin, of New York, presented the report of the committee on the metric system, of which he is the untiring advocate. The consideration of the report was postponed.

The amendment to the plan of organization providing for the consolidation of the section on medical jurisprudence, chemistry

and physiology with that on state medicine and public hygiene, to be known as Section IV, was adopted. Several questions as to eligibility of members present to seats in the Association were referred to the Judicial Council. After some unimportant business, the convention adjourned to next morning.

SECOND DAY, May 7.—Vice-President Murphy presiding. The Association again expressed itself strongly in favor of the abolition of all duties on quinine. Dr. Thos. F. Rochester, of Buffalo, New York, read the annual address as chairman of the section on Prrctical Medicine. Referred to the section. He made especial reference to yellow fever and typhoid fever, strongly recommending quarantine against the former. The address of Dr. J. S. Billings, U. S. Army, chairman of the section on State Medicine and Public Hygiene, was then read by Surgeon J. J. Woodward. One of the most important suggestions it contained was with reference to the imperfection of our present methods of obtaining vital statistics. The mortality records were declared to be inadequate to the occasion, as they give no information regarding the number of *cases* of disease occurring in any given locality and under different circumstances. He strongly recommended that the opportunity offered by the taking of the next census be utilized. The total number of cases of disease occurring in the nation during the year preceding the census might be obtained and recorded. The address was referred to the section for further consideration.

The special committee appointed to report on the recommendations of President Richardson, at the last meeting, reported in favor of making alterations in the by-laws providing for four annual prizes of $250 00 each, for the best *original* contributions, and that the chairmen of sections be a committee to take charge of the papers and arrange the details of competition. Laid over for one year, under the rules.

Dr. J. M. Keller's amendment requiring the Committee on Nominations to make their selections of nominees from those members only who were present at the meeting, except those on the committees on Necrology and Climatology, was lost.

An amendment offered by Dr. T. Clay Maddox, of Maryland, to establish a new section on diseases of the genito-urinary organs, including dermatology and syphilis, was referred to the Surgical section. This was subsequently withdrawn.

The amendment offered last year to declare it an infraction of the Code of Ethics for any member of the Association to engage in the instruction of any student of an irregular or exclusive system of medicine, was laid on the table for one year after a masterly argument by Dr. E. S. Dunster, of Ann Arbor. The American profession has thus been saved for the time from a most stupid blunder.

Dr. H. O. Hitchcock's amendment changing the method of nominating officers was lost. The ancient "ring system" is, consequently, to be perpetuated.

Dr. Caldwell's amendment creating a section on neurology and electrology was also lost.

The delegations from the different states then chose each their members of the nominating committee, Dr. A. B. Sloan being the member for Missouri, after which the meeting adjourned to next morning.

THIRD DAY, May 8.—President Parvin in the chair. Several gentlemen were elected permanent members and members by invitation. A protest against abolishing the duty on quinine, from Messrs. Powers & Weightman, of Philadelphia, and C. T. White, of New York, was read and tabled. Resolutions of respect relative to the late Dr. Wm. M. Compton, of Miss., were adopted. Dr. N. S. Davis presented a short report on ozone. Dr. J. M. Toner, chairman of the Committee on Necrology, presented a report which included the names of one hundred and fifty physicians who

perished in the late yellow fever epidemic, with the place and date of death. These were not all members of the Association, but the chairman considered it a duty as well as a privilege to place on record the names of these martyrs in the cause of humanity. Referred to the Committee on Publication.

Dr. S. E. Chaillé, of Louisiana, read a paper on State Medical Societies and State Medicine, before the section on State Medicine and Public Hygiene, by which it was referred to and read before the general session. He proposed a *standing committee* upon the more efficient organization of the Association and *all* its branches. He stated that as at present constituted, the American Medical Association had little or no knowledge of its component parts; and a *head* which had no knowledge of its parts should be gotten rid of. It was recommended that the Transactions be published in monthly parts, in journal form. Several other propositions affecting the reorganization of all county and State medical societies were submitted, after which the paper was referred back to the section for further consideration.

Dr. Moses Gunn, of Chicago, chairman of the Section on Surgery, then read his address. This was upon the Pathology of Suppuration. Referred to the Section on Surgery and Anatomy.

Dr. Eugene Grissom, of North Carolina, secretary of the Committee on Nominations, read the report of the committee as follows, which was accepted unanimously:

For President:—Dr. Lewis A. Sayre, of New York.

For Vice-Presidents:—*First*, Dr. R. Beverly Cole, of California; *Second*, Dr. E. M. Hunt, of New Jersey; *Third*, Dr. H. O. Marcy, of Massachusetts; *Fourth*, Dr. F. Peyre Porcher, of South Carolina.

For Treasurer:—Dr. Richard J. Dunglison, of Pennsylvania.

For Librarian:—Dr. Wm. Lee, of District of Columbia.

For Committee on Library:—Dr. Johnson Eliot, of District of Columbia.

Next Place of Meeting:—New York City.

Time of Meeting:—First Tuesday in June, 1880.

For Assistant Secretary:—Dr. Walter R. Gillette, of New York.

For Committee of Arrangements:—Dr. S. O. Vander Poel, of New York, chairman, Drs. Stephen Smith, William M. Polk, Robert F. Weir, Charles I. Pardee, A. A. Smith and T. T. Sabine, of New York City; Dr. Joseph C. Hutchison, of Brooklyn; Dr. M. H. Burton, of Troy, and Dr. E. H. Parker, of Poughkeepsie.

For Committee on Prize Essays:—Drs. Austin Flint, Sr., A. C. Post, J. W. S. Gouley, and M. A. Pallen, of New York City; J. C. Hutchison, of Brooklyn.

For Committee on Publication:—Drs. W. B. Atkinson, T. M. Drysdale, A. Fricke, S. D. Gross, Casper Wistar, R. J. Dunglison, of Philadelphia, and Dr. William Lee, of District of Columbia.

Chairmen and Secretaries of Sections for 1880:

I. Practice of Medicine, Materia Medica and Physiology:—Dr. J. S. Lynch of Maryland, chairman, Dr. W. C. Glasgow, of Missouri, secretary.

II. Obstetrics and Diseases of Women and Children:—Dr. Albert H. Smith, of Philadelphia, chairman, Dr. Robert Battey, of Georgia, secretary.

III. Surgery and Anatomy:—Dr. W. T. Briggs, of Tennessee, chairman; Dr. J. P. Adams, of Minnesota, secretary.

IV. Medical Jurisprudence, Chemistry and Psychology:—Dr. James F. Hibbard, of Indiana, chairman; Dr. Thomas F. Wood, of North Carolina, Secretary.

V. State Medicine and Public Hygiene:—A member from each State, from which we select: Drs. H. H. Mudd, Missouri; D. W. Stormont, Kansas; W. H. Hawkins, Arkansas; C. Denison, Colorado; H. A. Johnson, Illinois; J. F. Hibbard, Indiana; J. A. Blanchard, Iowa; S. Brandeis, Kentucky; H. B. Baker, Michigan; C. N. Hewitt, Minnesota; J. C. Reeve,

Ohio; H. W. Brown, Texas; J. T. Reeve, Wisconsin.

VI. Ophthalmology, Otology and Laryngology:—Dr. Bolling A. Pope, of Louisiana, chairman; Dr. Eugene Smith, of Michigan, Secretary.

For Judicial Council:—Drs. W. O. Baldwin, of Alabama; N. S. Davis, of Illinois, J. P. Gray, of New York; E. L. Howard, of Maryland; A. N. Talley, of South Carolina; D. W. Stormont, of Kansas, and J. P. Logan, of Georgia.

For Committee on Necrology:—A member from each State, Dr. J. M. Richmond being the Missouri member.

The address of Dr. E. S. Lewis, of New Orleans, La., chairman of the Section on Obstetrics and Diseases of Women and Children, was then read. This consisted of a digest of recent obstetrical and gynecological literature. Referred to the section.

Dr. E. Seguin's report on the metric system was then taken up and resolution were passed adopting the system by the Association and directing its use in the Transactions, requesting those presenting papers to that body in future to make use of this system; requesting medical boards of hospitals and dispensaries to adopt it in prescribing for and recording cases; and the faculties of medical and pharmaceutical schools to adopt it in their didactic, clinical and dispensing departments; requesting physicians familiar with it to help in its diffusion; and asking the President of the Association to name a metric executive committee, of which he should be chairman *ex-officio*, whose task it will be to give unity and rapidity to the metric movement.

A resolution was offered by Dr. S. E. Chaillé, petitioning Congress to remove the duty from any one book or instrument which should be imported to assist in the personal persuit of scientific study. Adopted.

Dr. Brodie, of Detroit, offered a resolution to the effect that the use of articles protected by copyright is a distinct violation of the Code of Ethics. Referred to the Judicial Council.

Dr. Turnipseed, of South Carolina, offered an amendment providing for the formation of a section to examine and report on the merits and demerits of surgical and gynecological instruments presented at meetings of the Association. Laid over one year under the rules.

Adjourned to next morning.

FOURTH DAY, May 9.—President in the chair. Drs. J. J. Jones, R. N. Ross and E. Cross, of Arkansas, were elected members by invitation.

It was reported from the Surgical section that the proposition to create a section on genito-urinary diseases had been withdrawn.

A series of resolutions based on Dr. Chaillé's paper was offered and a committee was appointed to report upon them consisting of the following named gentlemen: Drs. Foster Pratt, S. D. Gross, N. S. Davis, A. N. Bell and A. Garcelon.

It was asked that the committee on the Intervention of Physicians in Education be continued to next year. Granted.

Dr. E. Seguin, of New York; Dr. L. P. Yandell, of Kentucky; Dr. J. M. DaCosta, of Pennsylvania; Dr. Moses Gunn, of Illinois; Drs. L. Turnbull and E. Warren (Bey) of Paris, were elected delegates to represent the Association in European medical societies. Drs. J. C. Hutchison, of New York, and William Brodie, of Michigan, as delegates to Canadian medical societies.

The Committee on Nominations offered a resolution instructing the Committee on Publication to advertise for proposals to publish the Transactions of the Association in *six* of the largest cities of the Union, and award the contract to the lowest and most responsible bidder. Adopted.

An honorarium of six hundred dollars ($600) was voted the Permanent Secretary.

Drs. N. S. Davis, J. M. Toner, S. M. Bemiss, W. H. Geddings and H. O. Marcy, were appointed a Committee on Ozone.

The Metric Executive Committee was announced as follows: Dr. T. Parvin, of Indiana, *ex-officio* chairman; Drs. E. Seguin, of New York; E. Wigglesworth, of Massachusetts; J. R. Weist, of Indiana; E. R. Squibb, of New York, and William B. Atkinson, of Pennsylvania.

Dr. H. Knapp, of New York, chairman of the section on Ophthalmology, Otology and Laryngology, then read an address of recent advancements in these branches of medicine. Referred to the Committee on Publication.

The Committee on Prize Essays reported that the prize of one hundred dollars ($100) be awarded to Dr. Allan McLane Hamilton, of New York City, for an essay on certain forms of primary and secondary (local) degeneration of the lateral columns of the spinal cord, with special reference to an infantile rare form.

The usual resolutions of thanks were then offered; the President of the Association, the Governor of the State of Georgia, the Mayor and all the citizens of the city of Atlanta, the various railroad and steamship companies that had extended favors, the local press and the Committee of Arrangements, all shared in the hearty gratitude thus expressed by the American Medical Association. These resolutions were unanimously adopted by a rising vote.

The report of the delegates to the Canada Medical Association was presented by Dr. William Brodie, of Detroit, and ordered to be entered upon the minutes.

The Judicial Council reported that it did not recognize the Arkansas State Medical Association as a State Society. The Arkansas State Medical Society, is the only recognized State Society in that commonwealth. The Allen county, Indiana, matter was postponed to next year. Report accepted.

Dr. W. B. Atkinson, from the Committee on the State Boards of Health, reported that Delaware has established a State Board which is now in process of organiztion. This makes nineteen States that have State boards.

Dr. Parvin pronounced his valedictory in appropriate phrases, and with some flattering remarks introduced the President-elect, Dr. Lewis A. Sayre, of New York, who expressed his thanks in a few appreciative remarks.

On motion, the President declared the Association adjourned, to meet in the city of New York, on the first Tuesday in June, 1880.

THE MISSOURI STATE MEDICAL ASSOCIATION.

The eighteenth annual meeting of the Medical Association of the State of Missouri was held at Columbia, Boone county, on May 20th and 21st, 1879. The citizens of the "Athens of Missouri" extended such hospitalities as would be expected from a most enlightened and generous community.

The sessions were held in the chapel of the State University.

First Day, May 20.—The Association was called to order at 11 o'clock, Dr. E. W. Schauffler, of Kansas City, President, in the chair. Prayer was offered by Rev. Dr. Dodge.

The Committee on Credentials retired to perform the duties devolving upon it.

The President then introduced S. S. Laws, D. D., M. D., LL. D., President of the State University, who, in a few well chosen words, welcomed the Association to the city and to the hospitalities of the University.

The Committee on Credentials made a partial report. The President then announced that the election of officers for the ensuing year was in order.

The appointment of a Nominating Committee was then moved by Dr. Lutz, but finally it was decided that the President should be nominated in open session and elected by ballot.

Dr. G. M. B. Maughs, of St. Louis, was nominated by Dr. J. S. B. Alleyne, of the same city, seconded by Dr. Thompson, of Jefferson City.

Dr. Taylor, in a very neat address, placed Dr. J. M. Allen, of Liberty, Clay county, in nomination; seconded by Dr. Essig. Nominations were then declared closed.

The whole number of ballots cast was 79; necessary to a choice, 40; of these, Dr. Maughs received 50, and was declared elected. On motion, the choice was declared unanimous.

The Nominating Committee, directed to choose names for the offices other than President, was announced as follows: Drs. Lutz, Sloan, Hardaway, Duncan and Evans.

The newly elected President, Dr. G. M. B. Maughs, returned thanks to the Association for the honor he had received at its hands in well spoken words. Dr. J. M. Allen complimented the Association on the wisdom of its choice. Dr. Allen's remarks were in the best of taste and were calculated to add still more to the prevailing good feeling.

A vote of thanks was tendered the retiring President, Dr. E. W. Schauffler, for the able and impartial manner in which he had discharged his many and onerous duties.

Dr. Watson, Mayor of the city of Columbia, delivered an excellent address of welcome, which was received with great applause, after which Dr. Porter read a report on the order of business, and gave the titles of papers already in the hands of the committee.

The report on the progress of medicine was called for, but the chairman, Dr. Alleyne, was not ready.

Recess until 2 o'clock, P. M.

Afternoon Session.—The Committee on Nominations reported the following names for the offices mentioned:

For First Vice-President, Dr. W. W. McAlister, of Columbia.

For Second Vice-President, Dr. Thompson, of Jefferson City.

For Third Vice-President, Dr. Bryant, of Savannah.

For Fourth Vice President, Dr. Gerard, of Shelbina.

For Fifth Vice-President, Dr. C. Lester Hall, of Marshall.

For Recording Secretaries, Drs. Steele and Fischell, of St. Louis.

For Corresponding Secretary, Dr. Evans, of Sedalia.

For Treasurer, Dr. A. M. Sloan, of Kansas City.

For Committee on Publication, Dr. Wm. Porter, of St. Louis, chairman; Drs. Wm. L. Barrett and Wm. Dickinson, of St. Louis, together with the Recording and Corresponding secretaries.

Reports on Surgery were read by Dr. T. F. Prewitt and Edward Borck, of St. Louis, and Dr. J. M. Richmond, of Kansas City.

A paper on Westphal's Tendon Reflex, was read by Dr. Hughes, of St. Louis; also one by Dr. Chas. A. Todd, of St. Louis, on Laryngeal Growths.

Adjourned to evening, when the retiring President, Dr. E. W. Shauffler, read his annual address, a most excellent production.

It was decided that the next annual meeting of the Association should be held in Carthage, Jasper county, on the second Tuesday of May, 1880.

Adjourned to next morning.

Second Day, May 21.—President G. M. B. Maughs, M. D., in the chair.

Dr. Lutz, of St. Louis, exhibited several morbid specimens and discussed the subject of Epithelial Cancer.

Dr. Chas. E. Michel, of St. Louis, read a paper on Purulent Ophthalmia and its Treatment.

Dr. A. J. Steele, of St. Louis, read a paper on Pseudo-Hypertrophy of the Muscles (pseudo-hypertrophic paralysis).

Dr. Bryant, of Independence, discussed the Differential Diagnosis of Bright's Disease of the Kidneys.

Dr. Wm. A. Hardaway, of St. Louis,

gave some Brief Notes on the Treatment of Skin Diseases.

Dr. S. S. Todd, of Kansas City, gave an abstract of what is known about Ancient Egyptian Medicine.

Resolutions were then adopted demanding a higher standard of medical education; asking Congress to admit quinine free of duty; asking for the immediate appointment of a State board of health, although the General Assembly will not meet again for two years; besides the usual resolutions of thanks to the out-going officers, the citizens of Columbia, the railways, etc. In the evening the members were tendered a splendid banquet; toasts were drunk, speeches made, and a generally enjoyable time was had by all.

The time for which the special train was chartered, by the St. Louis delegation, having nearly expired, these gentlemen were naturally anxious to leave for home. This is probably the reason why the session was limited to two days and the papers read were mostly by residents of "The Future Great City of the World."

We hope that the Carthagenians will, next year, insist that time be given for the "country doctors" to make themselves heard.

THE KANSAS STATE MEDICAL SOCIETY.

The thirteenth annual meeting of the Kansas State Medical Association was held at Atchison, May 13th, 14th and 15th. The exercises were opened by addresses of welcome by Mayor Tomlinson, of Atchison, and Hon. B. P. Waggoner. Dr. C. C. Furley, of Wichita, President of the Society, responded in fitting terms to the hospitable expressions of the gentlemen above named, after which he delivered the annual address. Dr. Furley's address was eloquent and received hearty applause at its close.

Dr. Tiffin Sinks was introduced and delivered an address of a popular character, which was well received.

The roll of members was then called, and the names of a large number of candidates for membership proposed, after which the Society adjourned till 9 o'clock, A. M., the next day.

SECOND DAY, May 14.—Society called to order by the President. The Board of Censors presented lists of the names of candidates for acceptance and rejection.

The chair was directed to appoint a committee to choose a State board of examiners, and that the report of the committee on the medical bill of last winter be made the special order for 7 o'clock P. M.

Dr. J. B. Gish, of Valley Falls, read a paper on Recent Advances in Chemistry. Dr. Fryer, U. S. Army, read an elaborate report on Recent Advances in Ophthalmology. He also exhibited a self-retaining attachment to Sims' speculum.

The Board of Censors reported over seventy-five new names for membership. Adopted with but one exception.

Drs. Stormont, Fryer, Schenck, H. P. Woodward, Morris, Baldwin and Shean were appointed to nominate a State board of examiners.

Dr. Carpenter, of Miami county, read a very practical paper on the use of the Plaster-of-Paris Bandage in Fractures. Referred to Committee on Publication.

A resolution was adopted without debate disapproving and condemning the use of all copy-righted pharmaceutical preparations.

Dr. Schenck, of Osage City, gave some very interesting Notes from Practice. Referred for publication.

At the afternoon session reports were received from the Secretary and Treasurer.

Drs. Nealy, Hanawalt, Jones, Tremaine and J. M. Carpenter were appointed the Committee on Nominations.

Dr. C. V. Mottram, of Lawrence, reported a case of dislocation of the hip reduced after four months; also a fatal case of aneurism of the aorta.

Dr. Morris, of Lawrence, read a paper on a case of puerperal mania, successfully treated with chloroform, bromides and chloral. Also a case of puerperal convulsions, successfully treated with about the same therapeutic agents. Referred to Publication Committee.

Dr. Dougherty, of Junction City, read a paper on Parasites. Tape-worm was particularly considered.

Dr. W. S. Tremaine, U. S. Army, described Lister's antiseptic method very lucidly. His paper was referred for publication.

The use of thymol as an antiseptic in surgical dressings, was also described. Dr. Flood, of Sedgwick county, stated that he had used eucalyptus globulus for the same purpose with good effect. Dr. J. M. Carpenter spoke of the antiseptic treatment of burns. Dr. Tremaine's paper was referred to the Committee on Publication. Dr. W. B. Carpenter read a paper on some results achieved in his practice, which was also referred for publication, after which the Society adjourned to 7:30 P. M.

EVENING SESSION.—The Nominating Committee reported the names of Drs. D. W. Stormont, of Topeka; W. W. Cochrane, of Atchison; C. C. Furley, of Wichita; R. Morris, of Lawrence; F. S. Nealy, of Leavenworth; C. H. Guibar, of Beloit, and G. W. Halderman, of Paola, for State board of examiners, under the new medical law; with the following as alternates: Drs. W. L. Schenck, of Osage City; H. S. Roberts, of Manhattan; G. R. Baldwin, of Fort Scott; W. F. Osborn, of Burlington; T. Sinks, of Leavenworth; G. Boyd, of Newton, and J. Leigh, of Hiawatha.

A discussion of the medical law followed, in which very decided opposition was developed. The majority, however, were in favor of complying with its provisions, and the report of the committee appointing the State board of examiners was carried by a vote of 60 to 41.

On motion of Dr. Tremaine, a committee was appointed to present resolutions expressive of the Society's condemnation of the law in its present condition.

Dr. Halderman read a paper on Puerperal Convulsions.

The Committee on Nominations made the following report, which was adopted:

For President, C. C. Furley; Vice-Presidents, J. H. Stuart, J. M. Linley; Secretary, F. D. Morse; Assistant Secretary, W. B. Gibson; Treasurer, W. W. Cochrane.

Board of Censors:—J. F. Nealy, M. R. Mitchell, Dr. Jacobs, James Haller, P. Dougherty.

Delegates to American Medical Association:—D. W. Stormont, J. M. Carpenter, H. O. Hannawalt, S. F. Neely, R. Morris, W. S. Tremaine, A. Fuller, W. L. Schenck, A. H. Lanphear, H. S. Roberts, G. W. Halderman, A. C. Van Cuyn, D. C. Jones, B. F. Hepler, James Haller, W. M. Shean.

Delegates to Missouri State Society:—L. S. Brookins, C. V. Mottram, S. E. Sheldon, G. Boyd, F. Speck.

Delegates to Colorado Medical Society:—C. C. Furley, G. W. Seymour, L. A. Buck, J. S. Lawrence, J. Robinson.

Leavenworth was chosen as the next place of meeting, to be held on the second Tuesday in May, 1880, and Dr. J. M. Carpenter was appointed to deliver the next public address.

The usual standing committees were appointed, subjects assigned for essays, and the Society adjourned till 9 o'clock next morning.

THIRD DAY, May 15.—The question of the State medical law again came up. The discussion ended in the appropriation of two hundred dollars for the Board of Examiners, and a resolution that members of the Society should be exempted from paying examination fees to the Board.

Dr. Fryer was appointed to address the next meeting on the History of Medical Delusions and Quackery. He, together with the members of the Society residing in Leavenworth, were appointed a Committee

of Arrangements. Dr. A. P. Tenney, of Atchison, was added to the Committee on Nervous Diseases. Drs. Gross, Switzer and Hendrickson, were appointed a Committee on Necrology. Drs. Hunter and McCully spoke on the subject of yellow fever. Dr. Todd, of Kansas City, Dr. Fryer and Dr. Woodward, of Olathe, read papers, and Dr. Osborne exhibited an instrument of his own invention.

The special committee, of which Dr. Tremaine was chairman, reported a resolution to the effect that the present medical law is wholly inadequate to properly protect the people of Kansas against empiricism, and that further legislation in this direction is needed.

The usual resolutions of thanks, compliments, etc., were adopted, after which the Society adjourned for one year.

Correspondence.

A TYPICAL MEDICAL COLLEGE.

Wm. B. Hazard, M. D., Editor St. Louis Clinical Record:

My Dear Doctor:—It has been a source of much gratification to myself, to see the stand which you have recently taken in regard to the college question. It is true that from time to time, this subject has been casually referred to in other journals, but in such a mild, if not timid manner, that the strictures they did make had no effect on the professional mind. You, however, seem to be in *earnest*, and as I feel very strongly on the subject, and have seen something of the inside workings of one of our largest "graduating mills," I shall venture to offer my mite to the pending controversy.

There are three large medical colleges in New York City, one of them *graduated* more than *two hundred* students in February last, although of its four hundred and odd matriculants, not more than four hundred probably were students who had taken out a full course. Financially this school must be a success, and therefore fulfills all the requirements which the Secretary of the Association of American Medical Colleges, considers essential to a successful college, judging by his remarks as quoted in the Record of April.

Let us analyze the component elements of a typical medical college; for the sake of argument, it is indifferent what its name, where its locality, or who its guiding spirits! I dislike personal or local allusions and therefore shall speak of the institution in question, a specimen of the worser category of American schools, as situated in Podunk, New Jersey.*

The Podunk University Medical Department, contains somewhat over half a dozen "professors" in the "regular" faculty, an equal number of "professors" in the "post graduate" faculty, and a dozen in what is styled the "auxiliary" faculty. Besides this score of stars of the first, second and third magnitudes, there are some thirty "adjuncts" and "assistant" satellites, whose function is usually of a highly important character, differing according to the grade of the assistant, for there are distinctions even *here*. The highest grade is represented by the "clinical assistant," he stands at the door leading from the patient's room to the lecture hall, and grandiloquently beckons the patients in and out, thus early imbuing the embryo students with an idea of what professional dignity is.

The lower grade, composed of the "assistants" to special "chairs," are more restricted in their activity, the height of their ambition is to hand their respective professors a glass of water, a fragment of chalk, or a towel, and to perform other menial duties incident to their position. They are much humbler in their demeanor

* The statements are all based on facts, and doubtless most of the readers of the Record will recognize the picture or its resemblance to something they have seen.

than the clinical assistants, and as graduated physicians cannot always be induced to serve, even under-graduates, if they can pass an examination in the art of toadying, may aspire to the dignity of an "assistantship."

I have been thus prolix in describing these satellites, and given them the first place in my delineation, because I propose to follow the evolution of the college "professor" *ab initio*. The student who can toady most skillfully contains the *germ*, the "chair" and "clinical" assistants represent the tender *embryo*, alas too often not destined to mature, the struggle for existence being terrible; the "clinical" embryo surviving this ordeal may in time aspire to become a lecturer, and the *fœtal movements* now are manifested in lectures on some grand theme, such as the art of "bandaging" or "diseases of the prostate." As time progresses, these manifestations become more vigorous, exciting the attention of those who have thus far nursed the budding miracle, and the stockholders, I beg your pardon, "professors" convene, and if they find the "lecturer" possessed of the necessary amount of cash, and willing to deposit it on the altar of Podunk University, they cut and tie the cord, and so the "auxiliary professor" is born. His further progress is comparatively easy, and it is a matter of dollars and social influence whether he will content himself with a "post-graduate" or aspire to a "regular" professorship. A professor in the Podunk school assured me that a certain "adjunct professor" * was universally considered an "ass," but that they had given him his position notwithstanding, as in return he subscribed for two thousand dollars worth of the college stock. This brings me to the financial principles on which the Podunk college is conducted. Some years ago there was a revolution in the halls of Podunk, those who had for many years been the "ins" were now the "outs," and those who had been the "outs" were now the "ins." The latter resolved to conduct their business operations on a larger scale, a new building must be erected, and a larger sign painted, as well as more hand-bills issued, and for this reason the "ins" resolved that every man should take five thousand dollars worth of stock, payable, with interest, in annual instalments, from the proceeds of the "mill." Those who could not or would not subscribe were speedily made to join the other "outs."

Among the most phenomenal of the stockholding professors, was one who would thunder forth anathemas at disbelievers in Niemeyer one year (this was just after he had posted up on that author), and the next would batter down the structure himself had raised, with as great energy. His students, taken with enthusiasm at his style of lecturing—which would, if employed at a "revival," have worked evanescent wonders—have signed countless death certificates in consequence of following out his radical therapeutical views. His cousins, nephews, *et alicæ*, are embryonic professors in the same institution. This is a specimen of the "crack-lecturer;" there are other varieties, there is the "drawling" species who lectures, say, on chemistry, and winds up a course of sixty lectures on the gases with the announcement that the importance to medical men of being able to analyze urine has induced him to arrange a course which will cost only five or ten dollars, and so on. Then there is the religious professor, who runs a Bible class Sundays, and runs down outlandish authors who use terms "which no man can understand" during the week; there is the "jocose" professor, usually a surgeon or obstetrician who has two note-books, one to read his subject matter from and the other from which to cull his standard jokes, some of which are probably older than Galen, but as they break the monotony of an otherwise tedious lecture, bring down the house year after year. Finally, there is the "jack-of-all-trades," this is usually

* This is a sub-genius of the "auxiliary" group.

an auxiliary professor who is a "professor of skin diseases" one year, the next, a "professor on surgical pathology," still later he looms forth as "professor on surgical anatomy," and finally winds up by becoming adjunct professor of anatomy. What new evolutions he may yet go through it is impossible to foretell, but a new chair will have to be created for him, for the man who has most stock in his possession has ordained that a relative take his place. For the present, and probably to render the transition easy, both reign peaceably side by side, so that besides a professor of anatomy, and the adjunct professor of anatomy, there is an "assistant professor of anatomy, not to mention the demonstrator, assistant demonstrator, and the "assistants" of the several chairs. Verily there are here more captains than privates.

But aside from the ridiculous aspect of the case, there is a very serious one. These men calling themselves professors, appointed by no authority save their own, and moved in their appointments, not by the merits of the appointee, but by his wealth, social position and clique influence, constitute a "ring" of the very worst description. True the apologist of our wretched colleges may say, if it is the wish of these parties to deal forth titles and to appoint each other to positions, they have a perfect right to do so; if they insist on playing their little game, let them, a little mutual admiration can not injure outsiders, in fact their charter gives them full power in these matters. But that is not the question! These petty actors on the stage, mis-called a college, delude men *unfit* to study medicine, into entering a medical school, are themselves *unfit*, mentally and morally, to teach them properly, and send out a host of raw fellows, annually, who are *unfitted* for the practical duties of their profession, and usually, also, unable to make up the dficiency in after life.

I have known a man to graduate in the Podunk University who, ten minutes before he "went up" before the first professor examining, did not recognize the human kidney when it was shown to him! I am willing to make a solemn affirmation that another graduated who, on examination, stated that the thoracic duct went through the foramen magnum, came down through the foramen lacerum posterius and emptied in the right auricle of the heart!! Countless instances recur to me, of men passing, who had never heard of at least some organ in the body, who for years after graduation had the viscera transposed, who did not know whether a blood-corpuscle was visible to the naked eye or not, who did not know the difference between an acid and an alkali, and whose notions on subjects of greater complexity were too hazy to discuss seriously; I have known at least two who believed that a glass eye could be substituted for the natural organ, and vision retained in that eye—*horribile dictu!*

A man, with or without a preliminary education, goes into a doctor's office as a matter of form, works on the farm in summer, attends part of two winter courses of lectures and then "having filled the requirements" (two to three hundred dollars, and a slip-shod examination), receives a license to cure or kill.

He has not, in all that time, been shown even the most important organs of the human body. You will frequently hear a physician of large practice tell you, on the occasion of some autopsy, that he has never seen the spinal cord exposed in his life, or a fresh brain satisfactorily demonstrated before. In most colleges practical training in diagnosis, in the art of making a post-mortem and in surgical and obstetrical operations is not even thought of.

Where such training forms a part of the curriculum, it is usually a pretext for further extortion in the way of fees; there are "courses" on "physical diagnosis," and on "surgical operations on cadavers," in the Podunk University, which are started in suspicious proximity to the examination

period. The manœuvre is successful, and many of the weaker brethren are frightened into taking the courses in question. The final examination is merely a matter of form, of course, except where personal spite may be entertained against a special student. There was one candidate for the degree in the Podunk University who was an infidel in religious matters, and of course an eye-sore to the Bible-class professor. After examining him to the extent of his own knowledge throughout the range of materia medica, the latter fell to asking questions in geography; for example, as to where the island of Socotra was, where Smyrna was situated, and where sarsaparilla occurred in its greatest purity. Probably the candidate would not have received his diploma, if the class had not been very small that year, and if the, to stockholders, ominous clause, had not been inserted in the by-laws, that students failing to pass the required examination would have their graduation fees returned!

The result of such a "system" is, that the students, like their professors, get along with the greatest possible minimum of knowledge, and from this it follows, that year after year the questions on examination day are apt to run in the same old rut. This latter fact has led to the organization of a peculiar industry or trade (if you wish to give it the right name), in connection with the Podunk, and similar medical schools, namely, that of the "quiz-master." On the bulletin-board, the verdant aspirant from the country will find about twenty posters to the effect that Dr. A. will organize his quiz for the Army, Navy and hospitals, that Dr. B. will begin his quiz on all the branches shortly, that Dr. C.'s students all "passed" last year, and Dr. D. refers to the faculty for favorable commendations. About the opening of the session, students, tempted by the inducement to get their "quiz" free of charge, whisper to their comrades, that unless one takes Dr. W.'s quiz, they never will get Professor Quinine's vote, and the result is, a large class.

Unless a medical college fits its graduates thoroughly and properly for the professional emergencies, it perpetrates a fraud with every diploma it issues. There is no reason why, with the enormous fees paid in most of our colleges, every student should not be trained in at least the rudiments of the special branches. Every physician should know how to use the opthalmoscope, sphygmograph, laryngoscope and ear mirror, as well as the speculum and probe, and there is no place where the use of these instruments can be taught so well as a properly conducted university. If the general practitioner were trained in these matters, as he has a right to demand, narrow specialists would soon become extinct, because superfluous!

Perhaps it will be many years before even the best medical colleges will be enabled to require a stringent preliminary examination of candidates for admission, but certainly one change can be made immediately: it is to hold an examination at the end of each year, of every student according to his grade. These examinations should be, at least in part, written, and the papers preserved as matters of accessible record for a definite period.

Your journal and other medical periodicals, issued in the interests of higher medical education, can do a great deal of good by calling special attention to such colleges as are making steps in the right direction. In this connection only one school in New York deserves mention:* the College of Physicians and Surgeons. Its examinations are in writing, and that these are stringent enough, is shown by the fact that, of eighty candidates, thirty and odd were unsuccessful. The influence of the more stringent examination is to decrease the number, but to raise the tone of the stud-

*Impartially, as I am not a graduate of, nor have I ever had any connection with that school, but judge purely from the facts in the case.

ents. Slowly but surely, a college proceeding in this manner is bound to absorb the better portion of those intending to study medicine. After all, here as elsewhere, honesty is the best policy, and the college which raises the standard of its graduates, raises the standard of its faculty, and will flourish when the mushroom institutions sprouting up on every hand shall have ceased to exist.

I refrain from discussing other topics relating to this point, and will close with one suggestion. Colleges, as a rule, are the outgrowth of some one or other medical clique, and in cities where there is a plurality of cliques, there is sure to be a plurality of colleges. Witness New York, Philadelphia, St. Louis, San Francisco, *et cœtera* Now it lies in the interest of the profession to reduce, if it cannot abolish a nuisance, and as it is easier to deal with one than with several such, every county society should unite to support the least objectionable college against its rivals and starve its rivals out. The survivor can then have sufficient pressure of the proper kind brought to bear on it, to raise it to the required standard. That the profession can only profit by such a procedure, I need not add. If nothing more were accomplished, there would be fewer "little great men" and we should not be forced to hear the merited slur cast on our profession by the laity, that any man can get a diploma for a few hundred dollars.

E. C. Spitzka, M. D.

P. S.—As illustrative of the "jack-of-all-trades" principle, I may add an instance that occurs to myself at the present moment: In another medical school (which shall be unmentionable, although the name is at the service of any one who may doubt the fact), the chair of surgery became vacant several weeks ago, the professor of *obstetrics* was elected to fill that chair, and the vacancy in the chair of obstetrics was filled by the professor of *materia medica* of another school!

New York, May 27, 1879.

Extracts and Abstracts.

Typhoid Fever from Diseased Meat.—(Boston *Med. and Surg. Journal*, May 22, from Berlin *Klin. Wochenschrift*, 1878, XXXIX, XL), Walder gives a summary of the principle points obtained from his investigations of an epidemic of typhoid fever that occurred at Kloten:

Of about seven hundred pereons who attended a musical festival, nearly five hundred fell sick. The general course of the disease and the anatomical lesions in the fatal cases characterized the epidemic as typhoid fever. No case of this disease had occurred in the neighborhood for fifteen years, excepting one, which existed at the time of the sudden general outbreak, and this was at a distance from the place of the festival. But little water was drunk, and then generally mixed with wine; it came from a remote part of the village, conducted from a height through an iron pipe.

Although the greater part of the meat used was certified to as coming from healthy animals, 43 pounds of veal from a single calf only a few days old were bought from a separate locality. This animal was sick when slaughtered. The lungs and brain were sold to other persons than the one who furnished dinner for the festival, and it was learned that the lungs looked in spots like a spleen, and that three persons for whom the lungs were cooked fell sick with symptoms similar to those presented by the diseased sharers in the festival. The brain was sold to another family. One lobe was of a dark blue color, smelled badly and was not used; the other was cooked and eaten, and similar symptoms occurred, as in the other family.

Several persons who purchased portions of this meat the day before and partook of it, presented the same class of symptoms; hence it is directly suggested that 43 lbs. of veal sufficed to poison almost all the meat eaten at the festival.

Three days later a children's celebration took place at Klotin, in the same place, the same butcher providing the meat, but none of the several hundred children present became sick.

The epidemic broke out within 24 hours, the cases becoming daily more numerous. Nearly forty per cent. of all the cases occurred on the fifth and sixth days, and ninety per cent. of all were sick within eight days.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - JUNE, 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

INDORSEMENTS OF OUR POLICY.

The Convention of American Medical Colleges, from which so much was expected, resulted in very little, only twenty-six of the fifty-nine institutions being represented. The entire work accomplished was the *recommendation* of the two following propositions to the consideration of the American Medical College Association:

"*First*, That all medical colleges should require attendance upon three regular courses of lectures, during three separate years, before admitting students to become candidates for the degree of M. D."

This received twenty affirmative, and four negative votes—two colleges declining to commit themselves through their representatives.

"*Second*, That all medical colleges should require, before admitting students to matriculate, a preliminary examination; such examination to embrace, at least, the elements of the physical sciences, in addition to a fair English education."

This was also adopted, and the whole subject referred to the American Medical Association. These propositions, on being submitted to the Association of Colleges, were deferred one year.

We may infer that twenty, out of our fifty-nine so-called medical schools, indorse, in a half-hearted way, the course of the CLINICAL RECORD. It is also evident that the great majority of the schools will continue in their present nefarious course of graduating every student who has the necessary amount of money to fee the "professors," regardless of qualifications of any other kind.

In our Correspondence department will be found a very interesting "inside view" of an average medical college. Dr. Spitzka has had excellent opportunities for observing these "rings" as they are, and his statements are true to the letter.

The CLINICAL RECORD has evidently touched the right chord, for the responses reaching us from widely separated points are to one effect: "I heartily indorse your course."

The "professors"—self-styled—are almost to a man against us. This we expected. Also the "clinical assistants" and "toadies" generally We are glad to part with them. The *true* professors—men of genius and exalted worth—send us kindly words of encouragement. The "little great men" have nothing to say. Their shams and impostures are so evident, even to themselves, that they hasten to discontinue their subscriptions—hoping that as they see the CLINICAL RECORD no longer that it has ceased to exist, and, ostrich-like, that their imbecilities are no longer exposed to the garish light of day.

As an example of what the rank and file of the profession think of our plan of campaign, we quote the following from a letter from a subscriber in Texas, inclosing his subscription for the volume:

"Yes, let us have literary qualifications as a prerequisite to admittance to the study of medicine; once admitted, let the student of medicine take a graded course of, at least, three years.

We should never advise students to patronize any but such colleges as have adopted the "higher standard of medical education." I, for one, will not advise a student to attend lectures at the school which is my *alma mater* (Mo. Med. College), until it adopts the aforesaid standard."

This earnest physician's name is at the service of his old "professors," in case

they should feel aggrieved at the *practical* manner in which he is going about his duty in reforming the profession. It will be seen that he has adopted *the true policy;* that which governs this journal—*give the low grade schools no aid or comfort of any description.* Starve them into submission to the demands of the profession. Every man has his duty to perform in this direction. Our Texas friend indicates the way in which it should be done.

Dr. A. Reeves Jackson, of Chicago, asks us to correct an impression that might have been derived from perusing our review of Dr. Emmet's recent work in our May number. We do this very cheerfully after re-reading the articles written by Drs. Jackson and Byrd, to which some reference was made. Both contain valuable additions to our knowledge of the diseases of the female urethra. They were written independently of each other, and read at widely separated points at almost the same time. Dr. Byrd's paper was read, in his absence, before the Section on Obstetrics, of the American Medical Association, in Chicago, on June 5, 1877, while Dr. Jackson's was read, in his absence, before the American Gynecological Society, four days before, June 1, at its meeting in Boston. Dr. Jackson described and figured a new urethral speculum, closed at its distal extremity, with a lateral fenestrum, for examining the female urethra and for making applications to the bases of tumors after their removal, or, in case they were sessile, to the tumors themselves; the soft, vascular tumors alone being described. Dr. Byrd described a new form of morbid growth, fibroid in structure, involving the entrance to the meatus; he also wrote of the better-known neoplasms considered by Dr. Jackson and others. Dr. Byrd's urethral speculum, as first made, was improvised from the upper portion of an ordinary test-tube, about one and one-half inches in length, with the distal extremity beveled at an angle, the further extremity, of course, being left open. Both prescribe the use of fuming nitric acid to the base of tumors after their removal to insure against recurrence. Dr. Jackson *was present* when Dr. Byrd's paper was read, but paid no attention to it, and has not read the paper as published in the *Virginia Medical Monthly*, for July, 1878.

We trust that we have given full credit to both gentlemen for their respective contributions to science. We still adhere to the opinion that Dr. Emmet should have given Dr. Byrd credit equal to that given Dr. Jackson and Dr. Skene. There are some points of remarkable similarity between the two papers, but they are sufficiently distinct, and were published so nearly at the same time that credit should be given to both for original investigation. The account given by Dr. Byrd of the before undescribed growth certainly entitles his paper to respectful recognition; the same may be said of his urethral speculum, the open extremity of which will permit the removal of growths located around the inner extremity of the urethra, such as would not be permitted by the use of a speculum with a closed distal extremity.

We trust we have shown that *both* of our talented contributors have well deserved the gratitude of the profession.

The last meeting of the State Medical Association was not very successful. The "snobbish clique" that attempted to control it were, however, defeated, which is something to be thankful for. The same parties managed to take up the time of the meeting for two days with the reading of worthless trash, and then adjourned the session without giving "gentlemen from the rural districts" an opportunity to participate. We hope that Carthage is so far away from St. Louis that this clique of "little great men" may be induced to stay at home next year. We understand that several papers of undoubted value were prevented from seeing the light by the in-

decent effrontery of self-styled specialists from St. Louis in airing their personal advertisements. Let them be remembered at Carthage and quietly throttled before they suffocate the Association with such another mass of balderdash.

ONE word of censure should have been included in our notice of Dr. Emmet's recent treatise: He carries the idea everywhere throughout the book, especially in the preface, that he, Dr. Emmet, was in reality the founder of the New York Woman's Hospital. Nothing could well be more unfair or in worse taste. Dr. J. Marion Sims should have the entire credit for projecting and sustaining that institution, as well as for founding Dr. Emmet's own reputation as a gynecologist. This in no way detracts from Dr. Emmet's well earned laurels. Withholding honor from whoever earns it is characteristic of no great mind. Dr. Sims was never guilty of any such littleness.

Book Notices and Reviews.

A SERIES OF AMERICAN CLINICAL LECTTRES. Edited by E. C. Seguin, M. D., Volume III. 8vo. pp. 341. New York: G. P. Putnam's Sons, 182 Fifth ave. 1879. Cloth, $3.

The volume before us closes Dr. Seguin's admirable series. This we have many reasons for regretting, for we know of no better collection of *practical* papers in our recent literature. The *Archives of Medicine* will, in a measure, continue the series, and for this reason we are the better reconciled to the discontinuance of the former publication.

This volume contains twelve lectures, all of them of decided ability. No. I, on Transfusion of Blood, and its Practical Application, is by Dr. Thomas G. Morton, of Philadelphia, and presents the subject in a very concise and readable manner. No. II, on Hydrocele, by Professor D. Hayes Agnew, is of that practical character peculiar to everything coming from the pen of the great surgeon of the University of Pennsylvania. No. III, on the Philosophy of Menstruation, Conception, and Sterility, by Dr. Montrose A. Pallen (formerly of St. Louis, now of New York), contains some physiological assumptions that will not be accepted by the majority of those who have given much attention to the subjects considered. In particular we would mention the author's *dictum*, that "menstruation is a neurosis," and that the simple deposit of the semen on the inner surface of the vulva can never be followed by conception.

The fourth paper, on Points in the Diagnosis of Hepatic Affections, by Dr. E. G. Janeway, of New York, is well written and quite complete. He is of the opinion that hepatic abscess occurs more frequently in private practice than many New York physicians are aware of. The same remark will apply to the physicians of other cities and of the country at large.

The Etiology and Pathology of Chronic Joint Diseases, by Newton M. Shaffer, M. D., then follows. The author strongly opposes the exclusively traumatic causation of these troubles, He says (page 146): "Traumatic joint lesions, as a class, recover (as compared with the chronic) rapidly, while chronic joint disease runs a course of years." In other words: an injury may cause an acute joint disease, for in many instances recovery is rapid and complete; injuries never cause chronic joint disease, for injuries are always of the same degree of severity (*sic*) and are always properly treated (*sic*), hence, there must be some fault of constitution to account for the different results in two given cases, one acute and one chronic. This appears to be his line of reasoning, and we have never met with a better example of the "circular method."

Dr. Byford's lecture on Fibrous Tumors of the Uterus, is good and practical. His ideas in relation to the administration of *large* doses of ergot are somewhat at vari-

ance with those of Dr. Emmet as expressed in his recent work. Dr. Byford certainly teaches that the energetic action of the drug upon the womb, producing strong contractions, is to be obtained. He has found that the unpleasant symptoms (severe and persistent pains and *apparent* inflammation of the uterus and peritoneum) were "invariably controlled by proper treatment, and in no instance proved disastrous."

The lecture on Cervico-Dorsal Paralysis of Peripheral Origin, by Dr. H. M. Lyman, of Chicago, is very interesting. One remarkable circumstance, connected with the case described, was the recovery of the patient following an attack of measles, after the failure of medical treatment to afford relief. A discussion upon the good effects of epidemic diseases is incidentally introduced, and is very interesting if not very valuable.

The ninth lecture, on Operation for Closure of Cleft of the Hard and Soft Palate, by Dr. A. Vanderveer, of Albany, is a very clear and concise exposition of the surgical principles involved, with what appears to be a very neat and effective operative procedure for the cure of the deformity.

On the Treatment of the Various Forms of Acne and of Rosacea, by Dr. R. W. Taylor, of New York, forms the tenth paper of the series. This is very practical and will prove valuable to every practitioner of medicine. The affections described are very common and troublesome. When properly treated, as they may be by any intelligent physician, they are almost invariably amenable to treatment.

Lister's Antiseptic Method of Treating Surgical Injuries is very clearly and minutely described by Dr. J. L. Little, of New York. So much has been recently written on the subject, much of it being vague and unsatisfactory, that it is well to have Dr. Little's clear exposition of the many details at hand for reference. Of course the author is an enthusiastic advocate of Listerism, and writes with a strong bias in favor of it. He thinks that the surgeon who does not give it at least a fair trial is guilty of neglecting his duty.

Dr. Seguin concludes the series with an excellent lecture on the Diagnosis of Progressive Locomotor Ataxy. This is an admirable paper, and should clear up the diagnosis in many obscure cases of rheumatism and neuralgia—so-called. The greatest importance is, properly, attached to the occurrence of the tearing pains and ocular disturbances, while an attempt is made to correct the prevalent notions regarding the value of "staggering" or falling or inability to stand with the eyes closed, as diagnostic points in a given case. No exaggerated importance seems to be given to Westphal's observation of the absence of the tendon-reflex at the knee, as has been done by some writers. Nothing is said about the absence of this sign in some well defined cases.

In concluding this imperfect notice we cannot refrain from expressing our high estimate of the Series as a whole. It will, doubtless, hold an important position in American medical literature for many years to come. Its very *practical* character will insure this permanent place among our best works.

(1) Report on Aconitia in Trigeminal Neuralgia. By Edward C. Seguin, M. D., Clinical Professor of Diseases of the Mind and Nervous System in the College of Physicians and Surgeons, New York. From New York *Medical Journal*, Dec., 1878. From Author.

(2) A Contribution to the Medicinal Treatment of Chronic Trigeminal Neuralgia. By same Author. *Medical Record*, January 4, 1879. From Author.

(3) Clinical Lecture on Syphilitic Brain Lesions. By the same Author. Beprint from New York *Medical Journal*, September, 1878. From Author.

Dr. Seguin's observations are always marked by close attention to details and careful separation of the essential from the trivial. These characteristics are prominent in the short monographs before us.

The first and second are devoted to the investigation of a most intractable affection, and if the same results are obtained by others with the new treatment here described, physicians and patients alike will be under lasting obligations to the author.

The conclusions reached in the first report, confirmed in the second, are as follows:

"1. The susceptibility of individuals to Duquesnel's aconitia varies enormously; one individual in the series having been severely affected by 1-200 grain, while another tolerated with no special symptoms 1-84 grain every three hours. On the average, distinct physiological and therapeutical effects were obtained by giving 1-100 grain three times a day.

2. Out of six cases of severe trigeminal neuralgia, one, probably a reflex neuralgia from a decayed tooth, was not at all benefitted.

Three cases, epileptiform in character, were slightly or only temporarily relieved. Two cases were cured. One of these had existed for seven years, with an interruption of twenty months, procured by resection of the affected nerve.

It would thus appear that, while we cannot indorse Prof. Gubler's statement that Duquesnel's aconitia never fails, we must recognize in it one of the most powerful and best agents for relieving and curing trigeminal neuralgia.

3. We do not as yet know the forms of trigeminal neuralgia which can be most influenced by aconitia."

In the second paper he makes the following general deductions from his cases:

"1. That there is a possibility of relief in most severe cases of epileptiform trigeminal neuralgia. The usually received opinion is that, in such cases, recourse must be had to operation upon deep branches of the nerve, excision of Meckel's ganglion, etc., and to the systematic use of morphia to make life endurable. After my experience with the above cases, I am disposed to urge a sufferer from trigeminal neuralgia to make a trial of medicinal treatment.

2. The advantage of using medicines systematically. Not only should the dose of any one remedy be administered regularly and in progressively increasing doses, but several remedies may be used in succession, so as to profoundly affect the system. Of the medicines applicable for the treatment of neuralgia, the following are those which I can recommend most highly: aconitia, arsenic, iodide of potassium, gelseminum, belladonna, quinia, morphia, galvanism, the actual cautery, Thompson's solution of phosphorus.

3. In the treatment of chronic neuralgia and of many neuroses, it is necessary to obtain the physiological effects of the drug employed, in order to do good. This principle of heroic medication is one which insures success in seemingly desperate cases, and its execution requires the utmost watchfulness on the part of the physician, and intelligence and faithfulness on the part of the patient and his attendants. Many unpleasant consequences of such treatment may be avoided if we at first give very small doses of the remedy, and then make a very progressive increase. The good effects of giving medicines to the production of physiological effects are illustrated in the above cases; in the treatment of chorea by arsenic; of malarial affections by quinia; of spinal congestion and myelitis by belladonna; of syphilitic diseases by mercury and iodide of potassium, etc., etc."

Prof. Gubler's prescription is as follows:

℞ Aconitiæ cryst. - - - gr. 1-6;
Alcohol - - - - - - - q. s.;
Aquæ, q. s. - - - - - ad. ℥ij.
M.—Dose a teaspoonful = 1-96 grain.

The third paper contains the description of two cases of syphilitic brain-lesions, one of (probable) syphilitic arteritis, the other of cerebral tumor having the same causation. The cases are well delineated, and the diagnostic points are well drawn. He relies upon the ophthalmoscope to a great extent, and thinks that every medical man should make himself more or less familiar with its use.

ESSAYS IN SURGICAL ANATOMY AND SURGERY. An Essay upon the Surgical Anatomy and History of the Common, External, and Internal Carotid Arteries; Awarded the First Prize of the Am. Med. Association, June, 1878. An Essay upon the Surgical Anatomy and History of the Innominate and Subclavian Arteries; Awarded the Second Prize of the Am.

Med. Association, 1878. An Essay upon the Surgical Anatomy of the Tibio-Tarsal Region; Jas. R. Wood Prize, 1876. An Essay upon the Surgical Anatomy of the Obturator Artery, and Notes upon the Surgical Anatomy of the Hip-Joint. By John A. Wyeth, M. D., (University of Louisville), Member of the N. Y. County Medical Society, Etc., Etc. 8vo. pp. 262. New York: Wm. Wood & Co., publishers, 27 Great Jones st. 1879. St. Louis: Book & News Co. Cloth, $2.

Dr. Wyeth's Essays are most important contributions to surgical anatomy, and they should be thoroughly studied by all practitioners who lay any claim to be classed as surgeons. The literature of this branch of the healing art can boast of very few publications that can compare with this little book in fundamental thoroughness, diligence and originality. It is studded with original research and shows a careful, critical sifting of the literary material of the respective subjects that is altogether admirable.

The details of the work are so numerous and important as to preclude our giving a synopsis of its contents.

The prizes awarded to these essays by the American Medical Association, at its meeting in Buffalo, in June, 1878, were indeed well merited by the author. The American profession may well be proud of so deserving a surgical investigator. L. B.

On Diseases of the Abdomen, Comprising those of the Stomach, and other parts of the Alimentary Canal, Œsophagus Cæcum, Intestines and Peritoneum. By S. O. Habershon, M. D., Lond., F. R. C. P., Senior Physician to, and late Lecturer on the Principles and Practice of Medicine at Guy's Hospital, etc. With illustrations. Second American, from the Third Enlarged and Revised English Edition. 8vo. pp. 554. Philadelphia: Henry C. Lea. 1879. St. Louis Book & News Co. Cloth, $3 50.

While the regions above the diaphragm have been explored and studied until the thorough clinical student is reasonably certain of his diagnosis, those below that dividing line are still, to a great degree, obscure and the field of diagnostic uncertainty and error. There have been many laborers in this department of special pathology, and among them no one has done better service than Dr. Habershon. The first editions were exhausted long since, and the author has revised the one now under consideration with great care and thoroughness. The work is essentially clinical in character, and illustrated with carefully prepared reports of cases that add greatly to its value. Diseases of the liver, spleen, kidneys and supra-renal capsules are referred to in a cursory way only; this is the less to be regretted in view of the laborious works of Murchison, Budd and Frerichs on the liver, Roberts on the kidneys, and the elaborate series of monographs on affections of these organs by the able authors of Ziemssen's Cpclopædia, now so easy of access to the profession of this country.

The chapters on constipation and intestinal obstruction are of high value and are worth many times the cost of the book, which, altogether, is a most excellent one.

A Guide to the Qualitative and Quantitative Analysis of the Urine. Designed for Physicians, Chemists and Pharmacists. By Dr. C. Neubauer, Professor, Chief of the Agricultural-Chemical Laboratory, and Docent in the Chemical Laboratory in Wiesbaden, and Dr. J. Vogel, Professor of Medicine in the University at Halle, with a Preface by Professor Dr. R. Fresenius. Translated from the seventh enlarged and revised German edition by Dr. Elbridge G. Cutter and Dr. Edward S. Wood, of Boston. 8vo. 551 pages. Few York: William Wood & Co. 1879. St. Louis: Book & News Co. Cloth, $6; leather, $7.

This is an exhaustive work. We should say works, for the contributions of the two authors are entirely distinct and independent treatises. The first, by Dr. Neubauer, is strictly chemical in character, and is the most complete treatise of the kind we have ever seen. The second, by Dr. Vogel, ap-

proaches the subject of urinary analysis from the physician's point of view, and is as exhaustive in its way as the former.

The sixteen lines in the way of preface, by Prof. R. Fresenius, written twenty-five years ago, are of no value in any way, and certainly have no right to appear on the title-page as a special attraction.

The fact that this work has passed through seven editions in Germany may indicate the value placed upon it in that land of scientific thoroughness. We hope that its American readers will be found as numerous and appreciative. It is certainly the most complete work on urinary analysis accessable to the English-reading student.

The new style of binding introduced by Messrs. Wm. Wood & Co., in presenting this work, deserves a word of commendation. The material used is *cow skin*, and the color chosen a dark red. This makes a very substantial and handsome binding, one not soiled by handling, like the ordinary light-colored sheep skin heretofore used for medical works. We are decidedly in favor of this "new departure."

DEMONSTRATIONS OF ANATOMY; Being a Guide to the Knowledge of the Human Body by Dissection. By George Viner Ellis, Emeritus Professor of Anatomy in University College, London. From the Eighth and Revised English Edition. Illustrated by Two Hundred and Forty-nine Engravings on Wood. 8vo. pp. 716. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Company. Cloth, $4 25; sheep, $5 25.

Ellis' Demonstrations is the favorite text-book of the English student of anatomy. In passing through eight editions it has been so revised and adapted to the needs of the student that it would seem that it had almost reached perfection in this special line. The descriptions are clear and the methods of pursuing anatomical investigations are given with such detail that the book is honestly entitled to its name. With it in hand, the presence of the living demonstrator may almost become dispensable.

The illustrations are good, but most students will prefer those to be found in Gray's anatomy. The method adopted in the last-named work certainly saves time to the busy student. The comparative cheapness of Ellis' Demonstrations will decide many to purchase it instead of "Gray." With either book the student will find himself fully prepared for the laborious study of the fundamental branch of medical science. We give them both our hearty endorsement.

A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS. Designed as a Manual for Practitioners and Students. By Ambrose L. Ranney, A. M., M. D., Adjunct Professor of Anatomy and Lecturer on Minor Surgery in the Medical Department of the University of New York. 8vo. pp. 386. New York: William Wood & Co., 27 Great Jones st., 1879. Cloth, $3.

A very good aid to surgical diagnosis for both advanced surgeons and beginners. As a text-book for surgical lectures, it is quite valuable. The material is well arranged and available.

The possession of a good hand-book on surgery, such, for instance, as those of Bryant, Agnew or Erichsen's, would, however, render Dr. Ranney's treatise dispensable. L. B.

SPERMATORRHŒA; Its Causes, Symptoms, Results and Treatment. By Roberts Bartholow, A. M., M. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio, Etc., Etc., Etc. Fourth Edition, Revised. Small 8vo. pp. 128. New York: Wm. Wood & Co., 27 Great Jones st. 1879. All Rights Reserved. St. Louis: Book & News Co. Cloth $1.

It is only necessary to call attention to the appearance of a *fourth* edition of Dr. Bartholow's very popular work. Its merits and defects are to well known to call for a careful criticism. As a specimen of beautiful book-work it cannot find many superiors in recent medical literature.

BOOKS & PAMPHLETS RECEIVED.

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA. By Robert Farquharsen, M. D., Edin., F. R. C. P., Lond., Lecturer on Materia Medica at St. Mary's Hospital Medical School, Etc. Second American Edition, Revised by the Author. Enlarged and Adapted to the U. S. Pharmacopœia by Frank Woodbury, M. D., Physician to the German Hospital, Philadelphia. 12mo. pp. 498. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth.

A CLINICAL TREATISE ON DISEASES OF THE LIVER. By Dr. Fried. Theod. Frerichs, Professor of Clinical Medicine in the University of Berlin, Etc. In three volumes. Vol. III. Translated by Charles Murchison, M. D., F. R. C. P., Physician to the London Fever Hospital, Etc., Etc. 8vo. pp. 246. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Wood's Library of Standard Medical Authors. Cloth, $1 00, to subscribers.

POTT'S DISEASE, its Pathology and Mechanical Treatment, with Remarks on Rotary Lateral Curvature. By Newton M. Shaffer, M. D., Surgeon in charge of the New York Orthopædic Dispensary; Orthopædic Surgeon to St. Luke's Hospital, New York. 12mo. pp. 82. New York: G. P. Putnam's Sons, 182 Fifth avenue. 1879. From the Author.

HANDBOOK OF DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT AND NASAL CAVITIES. By Carl Seiler, M. D., Lecturer on Laryngoscopy at the University of Pennsylvania, Etc., Etc., Etc. 12mo. pp. 156, with 35 illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth.

HEARING, AND HOW TO KEEP IT. By Charles H. Burnett, M. D., Consulting Aurist to the Pennsylvania Institution for the Deaf and Dumb; Aurist to the Presbyterian Hospital, Philadelphia. American Health Primers, No. 1. Philadelphia: Lindsay & Blakiston. 1879. Cloth, 50 cents.

THIRD ANNUAL REPORT of the State Board of Health of the State of Wisconsin, for the year ending December 31, 1878. Madison, Wis.: David Atwood, State Printer, 1879. From the President.

LECTURES ON ELECTRICITY IN ITS RELATIONS TO MEDICINE AND SURGERY. By A. D. Rockwell, A. M., M. D., Electro-Therapeutist to the New York State Woman's Hospital, Etc., Etc., Etc. 8vo. pp. 99. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Cloth, $

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY, Volume 3, for the year 1878. 8vo. pp. 472. Boston: Houghton, Osgood & Co. The Riverside Press, Cambridge, 1879.

Miscellaneous Notes.

THE SOUTHERN ILLINOIS MEDICAL ASSOCIATION.—The regular semi-annual meeting of this flourishing society will be held at Sparta, Randolph county, commencing on Wednesday, June 18th, 1879. From the programme we judge that it will prove an unusually interesting meeting, and we advise every physician to attend who can do so without too great inconvenience.

EXCERPTA FROM THE BULLETIN OF THE PUBLIC HEALTH, issued by the Surgeon-General of the U. S. Marine Hospital Service, for the month of May, 1879:

May 3.—Yellow fever appeared at Port-au-Prince, Hayti, April 30.

May 10.—The plague has entirely disappeared from Astrakhan.

May 17.—Port-au-Prince, Hayti: Yellow fever still prevails in the city, and is considered to be increasing. A fever, known as "La Mauvaise fever," is very prevalent, and many persons have died, but while it is said to be distinct from yellow fever, it is even more feared by the people than the latter.

"The State Department has received information that the yellow fever prevailed at Port-au-Prince fifteen years ago, but that since that period there has been no reappearance of the disease until now. In regard to the sanitary condition of Port-au-Prince, it is remarked by Minister Langston, that 'the streets are constantly foul, and that not even police regulations of any sort are enforced.' There is no regulation to oblige even the filthiest persons to remove deposits from the streets, nor from the gutters or sidewalks in front of their doors, and 'the harbor is also full of foul matter of every sort.' The fact of the existence of

this mass of purtrifying animal and vegetable matter, in one of the hottest climates, taken in connection with the absence of yellow fever from the city for the last fifteen years, furnishes presumptive evidence, at least, that deposits of filth alone, even when saturated with moisture and heated, are incapable of generating yellow fever. The fever which is apparently produced by the filth of the city, while quite fatal, is said to differ materially from yellow fever, in all essential particulars."

May 24.—Spain, Malaga: "It is reported that wine adulterated with fuchsine (one of the aniline colors, which usually contains either antimony or arsenic) has been seized at the custom house. The Spanish government authorities have directed that all wine, before being admitted, shall be submitted to an analysis at the custom houses at all ports of entry."

Home News.

THE new Board of Health has the following composition: Henry Overstolz, Mayor of the city and President, *ex-officio;* Chas. W. Francis, Health Commissioner; Mr. Lightner, President of the Council; Leslie Moffet, from the Board of Police Commissioners; Dr. Joseph Spiegelhalter, reappointed, Dr. W. B. Conery, new member. Dr. Conery's appointment was a "move in the right direction." His well-known energy and independence will add greatly to the efficience of the Board.

The Board has made no changes in the superintendents of the hospitals and Asylum. The present incumbents have proved very good officers, and any change would probably not have added to the efficient working of the institutions.

THE low death-rate of St. Louis has been made the theme of many speculations, both in the city and beyond its borders. The taking of the school census by the police will give some valuable data upon which to base future calculations. One remarkable feature has come to the surface in this relation: The police proposed to take the entire census (including adults as well as children), but they were specially directed *not to do so!* Enormous frauds were perpetrated in taking the last National census, in 1870, and no doubt these will be repeated next year. The folly of boasts about the low rate of mortality based upon an estimated population of 500,000, is apparent to any but "those who will not see."

DISINFECTION of the hospital buildings at Quarantine has been very effectually accomplished by burning them. We are glad to see that the Health Commissioner has followed the advice given by this journal. It shows that he is capable of learning. In fact, we have hopes of drilling that official into a first-class sanitarian; all that is necessary is for him to peruse the CLINICAL RECORD carefully and follow its advice. We suggest that the officers' quarters at Quarantine be removed to a safe distance from the landing. If this had been done last summer, Dr. Davis' life and that of the McSorley child might probably have been spared.

THE Board of Commissioners of Charities, composed of five members, who are to serve without salary and have a general supervision over the different charitable and penal institutions of the city, has been appointed. Dr. John B. Johnson is the only medical member. This is a grave error on the part of the Mayor. At least three of the five members should have been physicians. It certainly appears to us as if the objects of this Board would be defeated by the nature of its composition.

THE "Podunk University, Medical Department" may be found without going into the wilds of New Jersey. Some ill-natured people will say that Dr. Spitzka paints from life, and has studied at least one (college) season in St. Louis!

A CHILDREN'S HOSPITAL has been incorporated, but who are to manage it and what are to be its means of support are as yet unknown to the writer.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, JULY, 1879. NO. 4.

Original Communications.

USE OF ELECTRICITY IN UTERINE SURGERY.

Constriction of Cervix Uteri Relieved by Electrolysis, and Intra-Uterine Tumor Removed by Expulsive Efforts Produced by Voltaic Alternatives of the Constant Current.

BY C. V. MEADOR, M. D.

Mrs. ——, aged twenty-six years, mother of two children, active temperament, general health good, applied for treatment March 13, 1878. Had suffered for two years with obstructive dysmenorrhœa—uterine spasmodic expulsive efforts most distressing at monthly periods, producing coma or convulsions. Upon examination found *os uteri* firmly constricted, not admitting the smallest probe. This constriction, atresia or stricture, as it may be defined, was found, during subsequent treatment, to extend the full length of cervix, and as firm almost as cartilaginous structure. The passage through was only sufficient for the exit of minute quantities of the catamenial flow, by the strong contractions of the distended uterus.

Three modes of relief were presented to my mind: amputation of the neck, puncture, and the electrolytic or disintegrating effect of the galvanic current. Determined upon the latter.

Small conical metallic electrode, insulated except at the point, attached to negative pole of the constant battery was applied firmly against the constriction, the circuit being closed by placing moist sponge electrode of positive pole over fundus uteri or in palm of the hand. Battery strength from five to eighteen cells, for five ten or fifteen minutes at a time, twice or three times a week. Some advance was made at every sitting until three quarters of an inch was passed, when at the os internum, contrary to the usual experience of authors, resistance seemed to be firmer than at first, but was overcome by perseverance, and on the 27th of June the electrode passed to uterine cavity and was followed by different sized probes and dilators. A small quantity of dark menstrual fluid came away which seemed to have been long imprisoned.

On the 12th of July, '78, I have this note from the patient:

"Dr. Meador:—I came unwell early this morning. I think I am all right now. * *"

On the 18th she reports that catamenia disappeared on the 16th, were normally profuse for the four days, without a pain or unpleasant sensation. She is growing strong and vigorous and in the best of spirits. I write now, 10th of June, '79. Nearly a year has passed, and she has not had the slightest trouble during that time.

This process is tardy but certain. No pain, no danger, and I think far preferable to amputation or lacerating incisions and punctures, so much dreaded and so mortifying to a lady of delicate sensibilities. Strictures seem to soften, and are not apt to contract again after electrolysis. Same in the male urethra, which I have often

verified. In this case the opening was kept dilated by a sea-tangle tent, as far as the electrode had passed during the treatment. The parts were brought to view through Byrne's operating and the common cylindrical speculum. The patient had been treated with strong caustics two years previous for cervical ulcerations, a "prolific cause," says Prof. Thomas, of "such conditions."

Medical electricity not being generally studied by the profession, a few words as to *modus operandi* of electrolysis may be admissible: Electro-chemical change is the action; and the highest authorities assert, that "no animal tissue can withstand the disintegrating effect of the negative pole of a constant battery." It is not galvanic cautery, or induction or static electricity. Electrolysis, in its action, is mechanical and chemical. The nascent hydrogen set free, rises in minute effervescence around the negative pole, forcing its way through tissues, fibres and other structures, thus dividing and holding them apart. This is mechanical. The chemical development is alkaline-caustic, soda, lime and potash with hydrogen set free, form a white froth or jelly around the wire at the cathode or negative pole. Very different at the anode, or positive pole, where we have hydrochloric, sulphuric and phosphoric acids resulting from decomposition of animal liquids—metals being changed to metallic salts by the action of chlorine and oxygen in their nascent state. At the negative, where free alkalies and hydrogen are evolved, we have the electro-chemical change but no decomposition, since no metals can be decomposed by these elements, and none can resist chlorine and oxygen.

These principles are easily demonstrated by the action of the battery poles upon the albumen of an egg, a solution of starch and iodide potassium, chloride of sodium, warm blood on soft animal tissue. The two poles immersed in the same fluid with steel needles attached, at the positive we have a dark brown stain where the salts of iron are formed. Change to gold needles and we have no more the iron stain, but the perchloride of gold, and a greenish blue stain appears. Then take brass or copper needles and a whitish clot will indicate the action of salts of copper upon the albumen. And yet while all these changes are manifest at the positive there is no change at the negative. With steel, gold and copper needles it is all the same—minute effervescence of free alkalies and hydrogen, and no stain around the needles. This demonstrates electro-chemical change, and no decomposition on introduction of metallic or other foreign substance.

It is all important these facts should be appreciated in the practice of medical electricity. The character of the needle introduced, if attached to positive pole, and the character of the fluids of a tumor to be reduced, are certainly questions of much importance, since we cannot know before hand what the change may be. An ovarian cyst, or a hydrocele, in one patient might contain fluid very different in composition from that of another. Hence the action of the steel, gold or other needle introduced from the anode battery pole would be very different. It might do good in the one case and harm in the other. No harm can result from as many needles as desired, and of any character of needle introduced attached to the cathode, while the circuit is closed by moist sponge of positive to contiguous surface.

Such is my experience, and I think physiological and rational, and in accord with the highest authorities in electric medicine. The result of the fifty cases of uterine fibroids, reported by Dr. Cutter in July number of *American Journal of the Medical Sciences*, of 1878, might have been better had this principle been observed instead of the profound puncture with needles of both poles introduced into the tumor.

To Dr. Julius Althaus, of London, with Duchenne, and others of France, Germany,

Italy and America, we are indebted for rapid advances in this intricate branch of medical science, and the writer for many thoughts embodied in this paper.

My case No. 2, is the removal of an intra-uterine tumor, attached at the fundus, heart-shaped, apex extending into cervix; in length four inches, circumference three and a half; submucus fibroid in character; patient aged thirty-two; had been married, but had borne no children. For two years menstruation occasionally obstructed and painful; frequent leucorrhœa and dragging pains in uterus and sacrum. Had her under care occasionally for more than a year. On the 3d of May, 1879, womb measured four inches and a half; cervix patulous and dilated. Passed electrode, insulated except at the point, into the os internum; closed the circuit by placing the other on surface over fundus. Strength fifteen cells, Kidder's constant battery, with voltaic alternatives for several minutes. Uterine contractions and expulsive pains resulted. Twelve hours later the tumor was dislodged and passed. There was some hemorrhage, but easily controlled. In five days the patient was up and is now quite well, and feeling, she says, better than for the past three years. Saw her but two days ago cheerful as a lark.

For this practice the writer claims no actual precedence, and some may think it hazardous—nerve shock and hemorrhage, the dangers incurred. And yet it is not all experiment. The power of electricity upon contractile tissues is no new thing; and such is the uterus, to which such tumors, when not interstitial, are usually attached by loose connective tissue, and are sometimes, even without the aid of art, dislodged and expelled by natural processes. If, therefore, we have a dilated cervix and uterine wall irritated by an abnormal growth, the reasonable presumption is, that if contractions can be produced to break up adhesions, the growth will be expelled with no more attendant danger than on the delivery of a placenta in child-birth. If ergot and other means may accomplish such results, perhaps the more potent and efficient remedy would be the proper application of the proper electric current.

Little Rock, Ark., June, 1879.

PARTIAL(?) DISLOCATION OF THE HUMERUS.

BY W. S. ALLEE, M. D.

Mr. C., a farmer, aged about fifty years, January 29, 1879, came to consult my partner, Dr. Dunlap, in regard to what he called some obscure trouble about the shoulder.

Patient stated that about the 20th of the preceding month, while walking upon the ice, he slipped and fell, catching his weight on the hand of the injured limb, since which time he had been unable to use that arm to any advantage.

He had previously consulted three other physicians, one of them telling him that he had a partial dislocation of the shoulder, while the other two pronounced it rheumatism.

Various kinds of liniments and internal medication had been tried without any apparent relief. By request of Dr. Dunlap, I assisted him to make the examination.

On exposing the shoulder, no abnormality could be discovered by inspection.

The motions of the affected joint were limited and painful, especially so when attempting to raise the arm upwards, he being entirely unable to put the hand to the head.

The patient being a large muscular man, it was very difficult to make out the precise location of the head of the humerus.

By careful manipulation, which gave him but little or no pain, we were unable to say that the bone had left its natural position, although I thought the posterior portion of the shoulder felt rather more full and prominent than the one on the opposite side, but not sufficiently so to diagnosticate a backward or sub-spinous dislocation.

By applying the test of Professor Dugas for luxation of the shoulder, we found this injury was indicated, all other signs save that of limited motion being absent.

There was no evidence of fracture, and we thought the history of the case was sufficient to exclude rheumatism. Suspecting that this might be a case of partial luxation backwards, I proceeded to make an effort at reduction.

The arm was gradually raised until it was considerably higher than at a right angle with the body, then placing the left hand in the axilla to act as a fulcrum, I lowered the arm slowly, at the same time keeping up extension and rotating the lower end of the humerus a little outward. When just ready to give up, and thinking what procedure we might next go through with, there was an audible snap, and I felt the arm give very perceptibly, the patient remarking at the same time that his shoulder felt better than at any time since the injury.

By applying the test again we found the elbow rested freely against the front of the chest when the hand of the injured arm was placed on the opposite shoulder. The motions were now restored and were painless, with the exception of upward movements. Dr. Dunlap again examined the arm and decided that the trouble had been removed. It was his belief at the time, and is yet, that this was a partial luxation.

The patient improved rapidly, and in two weeks time he had entirely regained the use of his arm, being able to do all kind of farm work.

Surgeons who doubt the possibility of partial luxations of this joint, will perhaps say that this was simply a case of complete dislocation. I cannot think so; first, because there was an absence of some of the most prominent symptoms, which would not have been the case, provided the capsular ligament had been ruptured and the head of the bone thrown entirely away from the socket; second, because it was so readily reduced.

It will be remembered that five weeks had elapsed since the receipt of the injury, so that ordinarily we would expect that considerable force would be necessary to effect a reduction. If there had been a rent in the capsular ligament of sufficient size to admit the passage outward of the head of the humerus, most certainly it would have required a greater amount of force than was used in this case in replacing it, especially so after so long a time from the injury.

A majority of country practitioners I feel, confident, believe that partial luxations of the humerus may, and do, occasionally occur. Surgical authorities at my command differ as to the occurrence of the injury in question. Holmes, (Principles and Practice of Surgery, page 280), after referring to some reported cases, says: "From these cases the conclusion would be that partial dislocation of the shoulder is, in itself, a trifling accident, easily remedied, and not liable to produce any permanent mischief; and that it is a very rare injury, though its occasional occurrence is undeniable; and very possibly it may be overlooked from the head of the bone having slipped back before the patient is seen."

Hamilton, (Principles and Practice of Surgery, page 319), says: "I have seen no evidence that a traumatic partial luxation ever takes place in this articulation."

Through the kindness of Dr. Hazard, I can state that Dr. Louis Bauer is of the same opinion as that just quoted.

If the case just reported should induce some surgeon of the necessary experience and possessed of sufficient means of observation, to throw an additional light on this subject, my object will have been accomplished.

HIGH POINT, Mo.

Clinical Reports.

A CASE OF NEPHRITIS AND CYSTITIS.

Read Before the Kansas State Medical Society at its Annual Meeting at Atchison, Kansas, May 15, 1879.

BY BENJAMIN WOODWARD, M. D.

The death of Major Bowles, which occurred at Olathe, Ks., on the 8th of April, ult., from disease of the kidneys and bladder, has elicited a wide-spread inquiry as to the real nature of his disease. This interest has arisen partly from the prominence of the Major, who, for the last three years, has been the efficient head of the State Deaf-Mute Institute, but principally because of the contradictory opinions of the profession as to the case. I have been requested to give the history of the case so far as it has come under my observation, which goes back to September, 1877, when I was called to treat him. I then learned for the first time that for many years he had suffered from some obscure disease of the kidneys and bladder, for which he had been variously treated, and that in August ult. he had gone to St. Louis for counsel. His disease had been called "stone," "gravel," "inflammation of the neck of the bladder," "nephritis," etc., etc.

At this time, the urine was loaded with mucus, alkaline, specific gravity only 1008, water being 1000. There was a fair quantity of urea. For some months he had been treated by an eclectic, and dosed with buchu, uva-urci, etc., etc., only to aggravate his case. The symptoms were now: pulse 100, feeble, and, he said, "that for several years had never been below that." Deep seated pain in the back; could not retain the urine more than from ten to twenty minutes; spasm of the bladder, so that he would scream out and grasp the penis with his hand; retraction of the right testicle; frequent vomiting; obstinate constipation or diarrhœa.

In the next month, November, he again went to St. Louis, where he entered a hospital and was cut for stone, *but no stone was found.* He returned in the latter part of February with all the symptoms aggravated. The urine passed through the cut which, by the advice of his St. Louis surgeons, was kept open. Attempts were made from time to time to pass a catheter through the urethra, but when the membranous portion was reached severe spasms were induced. It had been thought that by keeping the cut open the neck of the bladder would heal, but it did not. From time to time soft catheters were passed through the cut to the fundus of the bladder to collect the urine for examination. It was nearly always alkaline, specific gravity 1002 to 1006, loaded with mucus and pus with casts of the uriniferous tubules. As the months went on he had frequent rigors, which I construed as evidence of abscess of the kidneys. For the last few months of his life no urea could be detected in the urine, but pus, mucus, casts of tubules and the debris of broken down tissue, with changed epithelial cells, formed the bulk of the fluid which drained away from the bladder.

In the early part of December last he was attacked with neuralgia of the mediastinum, diaphragm and pleura, which was soon extended to the heart. For many hours the only relief was had from hypodermic injections of morphia and cannabis indica. These spasms were finally controlled by the latter agent carried to the point of toleration. Since September last there was a general catarrhal condition, vomiting and coughing large quantities of thick clear mucus. About three weeks previous to death, anasarca, spreading from the limbs to the trunk, seriously complicated the case, so much so that punctures of various parts, by which the water was drained off, had to be resorted

to. A remarkable phase of the case was an uncontrollable morbid appetite, while thirst was intense. For fully two years there were mental changes. Memory and judgment failed, but on special occasions he could be roused to action. I have said but little as to medication. Necessarily it was symptomatic, for symptoms changed so often that nothing could be predicated from day to day.

The account of the autopsy will throw light on this complicated case, and from it we may be enabled to trace the pathological changes which take place in nephritis and cystitis.

Autopsy, made twenty hours after death, April 9, 1879, by Benj. Woodward, M. D., assisted by J. Q. Egelston, M. D., Thomas Hamill, M. D., C. G. McKinley, M. D., Charles A. Hays, M. D., and L. R. Knapp, M. D.:

Appearances:—Rigor-mortis complete—general anasarca. As during the illness of the deceased there had been no symptoms of disease of the brain, the head was not examined.

All the great cavities of the body were filled with clear straw-colored serum. The heart and lungs were removed, and the heart showed no signs of disease. The lungs were also healthy except the surface of lower portion of the left lobe, which was thickly studded with millary tubercles, and the extreme lower part was partially hepatised, but the lungs were in no part adherent to the costal pleura. The liver and intestines were removed, but neither showed any organic disease. The kidneys and the bladder were removed. Both of them (the kidneys) greatly enlarged. The left kidney weighed one pound and five ounces. On laying it open it was hard, cartilaginous, and the pelvis held about four ounces of pus. The cartilaginous walls were full of large cysts, from the size of a bean to that of a walnut, all full of pus. There was not a particle of healthy tissue in the organ, the walls of the cysts being rough and ulcerated. The ureter was enlarged to the size of a man's finger, thickened, hard, and filled with pus. The right kidney weighed fifteen ounces. It was nothing but a great sac filled with pus, in places the walls were not more than two lines thick. The ureter was enlarged, as the left, but harder, and was filled with pus. The bladder was hard and shrunken, and its cavity would not hold an ounce of fluid. The neck was ulcerated and cartilaginous, the sphincter obliterated. The cavity of the bladder intensely inflamed and the mucous coat ulcerated and sloughing.

I hereby certify that the foregoing notes of the *post mortem* examination of the late Theo. C. Bowles are true and correct, drawn up from notes kept during the autopsy by Mr. J. M. Hall, from my dictation.

BENJAMIN WOODWARD, M. D.
Attending Physician on the said Theo. C. Bowles.

We, whose names are hereunto affixed, certify that we assisted in the examination of the body of Theo. C. Bowles, and that the above description of the appearances as revealed at the autopsy are true.

C. G. MCKINLEY, M. D.,
THOMAS HAMILL, M. D.,
J. Q. EGELSTON, M. D.

OLATHE, Johnson Co., Ks., April 10, '79.

A CASE OF SYNOVITIS OF THE KNEE-JOINT.

BY JOSEPH L. BAUER, M. D.

Last fall whilst visiting a patient, I was called to see a child in a neighboring house, that was supposed to have sustained a "*sprain*" of the knee. Upon questioning the parents, I ascertained that their little boy, aged about seven years, was running home from school, closely followed by a youthful companion; the boys were running a race, and in order to gain some advantage, the hindmost one grasped the ankle of the left leg of my patient, suddenly flexing it. He fell upon the knee, and walked home, apparently not feeling any pain. The next morning the joint had swollen somewhat and become very painful; the temperature of the injured part, as well as his bodily temperature had increased, and he was unable to rest on account of his sufferings. In this condition I found him. I realized the gravity of the case, and endeavored to impress upon the

parents the danger of the inflammation. They had formed set opinions that it could be nothing but a sprain. I immediately advised *absolute rest* and *immobility* of the joint in the straight position, with cold applications topically. I applied leather splints well padded with cotton laterally and in the popliteal space; I stated that I would return in the morning and see him, but was politely requested to stay at home until *they thought* my services were needed.

Four days elapsed before I was recalled; the splints had been removed and the boy allowed to move his joint at will. As a natural result, the inflammation had intensified; the contours of the joint could not be discerned, and the slightest pressure produced the most intense pain. The pulse was very frequent and excitable, and the temperature had increased three degrees Fah. Upon examining the joint closely I discovered fluctuation, and I had no doubt that *suppuration* had supervened. The only method then was to puncture the joint and evacuate the pus. Not desiring to assume entire responsibility, I suggested consultation with Dr. Fabricius, of Mascoutah. The latter physician agreed entirely with my diagnosis and the treatment resorted to. Accordingly we chloroformed the patient and punctured the joint with a small trocar; no pus exuded; we exchanged for a larger one held in reserve, and were confirmed in our diagnosis by the withdrawal of about three ounces of *good healthy pus*. Owing to the œdematous condition of the thigh we determined to keep the joint open, and placed the leg in an extended position, in Dr. L. Bauer's sheet-iron suspensory splint. The patient improved rapidly. Two weeks had elapsed and the parents became tired of my visits; seeing their obstinacy, I withdrew with the admonition to keep the leg at perfect rest for at least three weeks longer. Hardly a week passed, when the splint was removed and the boy allowed to use his extremity freely, although the joint was still open. Strange to say, he recovered entirely, with perfect mobility of the extremity.

I relate this case on account of the exceptional result. Usually anchylosis of the articulation would be expected.

ST. LIBORY, Illinois.

Translations.

SYNOVITIS GRANULOSA HYPERPLASTICA.—(*Deutche Zeitschrift der Chirurgie*, Bd. xi, Heft 3 and 4, Leipzig, 1879, p. 317) Dr. Hermann Hueter writes a valuable and instructive article on this affection in its relations to tuberculosis.

Whilst the paper was prompted by the observations of Drs. Tappeiner and Lippl, the experiments were supervised by the well-known and deserving Prof. C. Hueter, of the University of Greifswald. The young author has therefore produced a very meritorious paper, of which we shall give a synopsis:

At the meeting of German naturalists and physicians at Munich, in 1877, Drs. Tappeiner and Lippl stated that they had introduced into the air-passages of dogs, both dried and liquid sputa obtained from phthisical patients, and that they had in this way invariably produced tubercular metamorphosis in the lungs of the animals experimented upon. They had also excited *general miliary tuberculosis* by feeding dogs with similar materials. Hence Rindfleish's warning to consumptives to avoid swallowing expectorated matters.

The author is not unmindful of the fact, that similar experiments had been undertaken before, but without the specific object he has had in view. He is also aware of the fact that the composition of the materials employed varies greatly in composition—fat, mucus, pus, epithelium, elastic tissue, micro-organisms and derivatives—consequently different mixtures might modify the experimental results, but he has had

to leave these finer discriminations to Prof. Klebs, who is now engaged in analogous work. Dr. H. Hueter's experiments were all made upon the articulations of dogs, mostly upon the knee-joints. Injections were made with the pravaz (hypodermic) syringe. The sputa were obtained from patients suffering from pulmonary tuberculosis in an advanced stage. They were usually triturated and diluted with distilled water; in one instance only they were used undiluted. Twelve joints were thus experimented upon. The immediate effects of the injury generally passed away in a day or two—the only exception was the case in which the undiluted sputum had been used. In this instance reaction was early, prompt, and comparatively more violent. In the other cases, two to four weeks elapsed before any reactive symptom was noted. The artificial disease was permitted to run its course before the animals were killed; one only, died from general wasting and exhaustion.

The *first* symptom was invariably a limping walk, denoting pain. A few days later, the affected limb could not be used at all.

The *second* phenomenon was a dense, firm, but still elastic infiltration and swelling around the affected joint—not unlike the condition known under the antiquated term *tumor albus*, or white swelling."

The *third* sign of diseased action was the formation of fistulous openings communicating with the articular cavity, of a crater or funnel form, with undermined margins, grayish discoloration at bottom, and a moderate sero-purulent discharge, betraying its synovial origin by its soapy feel and alkaline reaction. In no instance did the fistulous opening correspond with the original puncture.

Fourth, there was general loss of flesh and strength.

At the autopsies, the following pathological changes were observed: The periarticular connective tissue was infiltrated, being converted into a homogenious, bacon-like substance—hence "white swelling;" when divided lengthwise, serum exuded; the joint contained a few drops only of opaque synovia; lining membrane studded with (fungoid) granulations, except alongside the patella; still larger granulations in the bursa below the common tendon of the quadriceps extensor muscle; an unusual (pannus-like) vascularity covering the crucial ligament and spreading over the semilunar cartilages. In some instances there was attenuation of the articular and semilunar cartilages; in some they were broken through—hence *usur;* the subjacent bone exposed and involved in granulations. In one case—that in which pure sputum was used—there was undue lateral mobility with disintegration of the crucial and lateral ligaments. Same condition of tibial epiphysis. In this, the third experiment, instituted April 15, 1878, the dog died, greatly reduced, on September 23d, and in this case only, miliary tubercles were found in both plurae and isolated, pneumonic nodules, of the size of a pea, were found in both lungs.

The identity of the formations found studded over the plurae with miliary tubercle, was affirmed by Prof. Hueter, and, after most careful microscopic examination, by Dr. Ernst Frerichs. The latter gave the following special results of his investigations:

"Perceptible nodules, clearly circumscribed, consisting of an agglomeration of round cells embedded in a delicate reticular stroma, analogous with the structure of tubercle. In some nodules, concentric layers. No giant cells; no cellular nucleus. Pneumonic islands, with cell proliferation. Similar condition of mucous membrane of bronchial tubes, ductus thoracicus, unfortunately, not examined, in which, according to Ponfick, occasionally elements are found, indicating the route the infection has taken."

These results are positive in regard to tuberculosis (but compatible with the phases of infectious inflammation—Virchow).

As to time, the disease pursues a rather chronic course; as to character, it is inflammatory, with all the attributes of *tumor*

albus. It presents also the constitutional (consecutive) disturbances observed in similar scrofulous(?) lesions. Analogous experiments have since been instituted by Dr. Frerichs, with the same results, although more extensive and intensified. Even the glandular structures were found by him permeated by round cells.

[NOTE BY TRANSLATOR.—We have observed all these changes in the structure of joints, in our patients where amputation had been performed and in *post mortem* examinations, in cases in which the trouble had been provoked by *traumatic injuries*. Former experiments have demonstrated that tuberculosis of the pleura and of the lungs may disappear provided the subcutaneous or interarticular injections were not repeated. Again, it has been proved that materials less obnoxious and entirely free from tubercular disintegration will produce precisely the same experimental results.

Some years ago we had to amputate the leg of a woman who had suffered for years from traumatic caries of the tarsal bones, and upon whom exsection had already been tried without success. When we took charge of her case, she exhibited signs of incipient tuberculosis at the apices of both lungs, and the operation was therefore hastened to arrest the further development of the pulmonary lesion. This was completely successful, she having enjoyed the best of health ever since. See also, Mr. Bryant's case of "Disease of the tibia of twenty-five years' standing, involving knee-joint, progressive phthisis; amputation at the knee by Gritti's method; recovery, with the subsidence of all chest symptoms."—*Lancet* (Am. reprint) March '79. L. B.]

FECUNDITY AND SEXUALITY.—(*Le Progrès Médical*, 31 May, 1879) M. Gaetan Delaunay communicated a paper on these subjects to the Society of Biology at its session of May 24, of which the following are the conclusions:

Fecundity.—This is unlimited among inferior species, and diminishes in proportion as the human species is approached. The inferior races are more fruitful than the superior. The black, yellow, and other races are more fecund than the white. Among European races the more fruitful are most behind in the road to civilization (Russia, Spain, Ireland and Italy), while the less fruitful are the farthest advanced in evolution (France and Switzerland). It has been said that the relative sterility of the French is voluntary. M. Delaunay protests against this accusation, whereas there is no people more courageous or more generous than the French. Fecundity lessens in a race in the same measure as it becomes developed. The enlightened classes and the people of cities have less children than the ignorant and the peasant classes.

The young and the old are more fruitful than adults. The same is true of the weak contrasted with the strong. Athletes and intelligent people who do much brain work have few children. This has been verified by Drysdale in relation to the professors of the faculty of medicine. Inferior tissues are reproduced with much greater facility than the superior.

A plant or animal which is too well nourished becomes unfruitful. Dogs belonging to the poor, which fast with their masters, have more young at a litter than have dogs of the same race that belong to the rich. Unfortunate and badly nourished populations are more fecund than rich populations. Fecundity, consequently, does not depend upon subsistence. Summer and warm climates increase fecundity.

In fine, fecundity being at its maximum among those beings least advanced in evolution, and at its minimum among those most advanced, it is, therefore, in inverse proportion to the degree of evolution. Furthermore, it is, to a certain degree, in inverse ratio to nutrition, for it is lessened by those circumstances that diminish nutrition. Hence, the law of Malthus is false.

Sexuality.—The inferior races produce most females, the superior most males. Young and old animals produce more females than males. After thirty-five years of age man procreates more girls than boys. Under the first empire when all the able-bodied men were engaged in war, a much greater proportion of girls were born than of boys. Years of scarcity favor the procreation of girls, and years of abundance the procreation of boys. Idleness is favorable to feminine procreation. Men who do much brain work beget girls oftener than boys. More girls are begotten in summer and in warm years, more boys in winter and in cold years.

To conclude, an individual little advanced in evolution begets girls, more advanced, boys, still more advanced, he again begets girls. In the same way, an individual too little or too much nourished procreates girls, and boys are begotten if he is simply well nourished. The medium state of nutrition and of evolution is therefore most favorable to the procreation of boys.

M. Galippe opposed these propositions with the fact that they failed entirely when applied to England. The English are certainly greatly advanced in evolution, still they have many children.

Proceedings of Societies.

IOWA STATE MEDICAL SOCIETY.

The twenty-seventh annual meeting of this society was held in Library Hall, Davenport Iowa, June 3d to 5th, inclusive of those dates. The meeting was, in all reoards, a signally successful one; the attendance was good, the proceedings harmonious and most of the papers read were decidedly instructive and valuable.

Several gentlemen from Illinois and one from St. Louis were made members by invitation and were unanimously accorded the privileges of the floor.

Several very intelligent lady physicians took part in the proceedings who compared favorably with their fellow members as regards *regular attendance and deliberate attention.*

The Mayor of Davenport welcomed the Society "in the voice of kindness and affection," as if they were "the flowers of May." It is needless to say that His Honor is a well-educated Irishman, and that he dipped deep into history, brought Sallust upon the stage, gave the priest and the Levites a piece of his mind and glorified the true physician as the Good Samaritan; in fact, he mixed a salad for the members that was rather more palatable than they found at the *tables d'hôtes* of their inns.

The President of the Society, Dr. A. M. Carpenter, of Keokuk, followed with a well-digested address, in which he recommended the establishment of a State Board of Health for the better regulation of medical practice. His suggestions, however, were laid over for one year. This was the only subject brought up with reference to medical policy and legislation, the remainder of the transactions were devoted exclusively to science and the healing art.

Among the many papers presented, some deserve especial mention, for instance, that by Dr. G. W. Hazen, of Davenport, on Asthenopia, for its diligent elaboration and practical perspicuity; that by Dr. W. W. Grant, of the same city, on Infantile Summer Complaint, for its literary statistics; that by Dr. R. Seers, of Marshalltown, Typhoid Fever, for its assertion that typhus, typhoid, remittent and intermittent fevers are simply variations of one and the same cardinal malarial disturbance; that by Dr. W. D. Middleton, of Davenport, on Some Advances in the Physiology and Pathology of the Nervous System; that by Dr. G. H. Hill, of Independence, on the Location, Nomenclature and Functions of the Cerebral Convolutions, for its elucidation of a rather new and important subject; that of Dr. A. A. Noyes, on Error in Diagnosis of

Oblique Inguinal Hernia, for its savageness in holding the unfortunate practitioner who should thus err, for "murder in the first degree (and punish him accordingly without benefit of clergy!), and others.

It will be seen that the proceedings of the Iowa State Medical Society were of a superior scientific character, and that they compare rather favorably with those of other Western States, Missouri not excepted.

The members went to Davenport for *work*, and scientific enthusiasm marked their proceedings, *not* scheming to place this or that individual in the presidential chair. We are therefore able to cordially congratulate our professional brethren in Iowa upon their recent achievements.

The following gentlemen were elected officers for the ensuing year:

President:—George P. Hanawalt, M. D., Des Moines.

Vice-Presidents:—First, Dr. A. W. McClure, of Mt. Pleasant; Second, Dr. D. Schofield, of Washington.

Secretary:—Dr. J. F. Kennedy, of Des Moines.

Assistant Secretary:—Dr. G. W. Tibbitts, of Des Moines.

Treasurer:—Dr. G. R. Skinner, of Cedar Rapids.

Trustees:—Drs. J. C. Stone and H. M. Dean, of Burlington; D. McClure, of Dubuque; J. W. Smith, of Charles City; E. F. Clark, of Iowa City; J. W. Mitchell, of Knoxville; W. P. Gibbon, of Chariton; J M. Emmert, of Atlantic, and J. M. Knox, of Sioux City.

Committee of Arrangements:—Drs. E. W. Clark, of Grinnell; D. W. Crouse, of Waterloo; G. W. Carter, of Marshalltown; T. J. Caldwell, of Adel, and T. W. Tibbitts, of Des Moines.

Committee on Publication:—Drs. J. F. Kennedy, of Des Moines; G. R. Skinner, of Cedar Rapids; W. D. Middleton and E. H. Hazen, of Davenport, and J. Williamson, of Ottumwa.

Committee on Ethics:—Drs. A. M. Carpenter, of Keokuk; S. B. Chase, of Osage; G. W. Baggs, of Sioux City; H. C. Huntsman, of Oskaloosa; and Wm. Watson, of Dubuque.

Committee on State Medicine:—Drs. W. S. Robertson, of Muscatine; G. M. Staples, of Dubuque, and S. B. Thrall, of Ottumwa.

Dr. P. J. Farnsworth, of Clinton, was appointed delegate to the International Congress, the next meeting of which is to be held in Amsterdam, Holland, the present summer.

An extensive collection of rare drugs, chemicals, pharmaceutical preparations, etc., from the well known house of Parke, Davis & Co., of Detroit, was a notable feature. This was under the charge of that most genial gentleman, Mr. J. H. Richardson, who was ever ready to defend his "new preparations" from the attacks of their enemies and to furnish samples for trial.

The usual resolutions of thanks were adopted, after which the Society adjourned to meet at Des Moines, on the second Tuesday of January, 1880.

THE AMERICAN NEUROLOGICAL ASSOCIATION.

The American Neurological Association, assembled to hold its fifth annual meeting, in New York City, on the 18th of June, 1879. Six meetings were held during the session, and a number of valuable papers were read. Among these were: "Contributions to cerebral localizations," by Dr. Amidon, of New York; "Peculiar Choreic Movements in Hysterical children," by Dr. Langdon C. Gray, of Brooklyn; "A New Rheostat," by Dr. Putnam, of Boston; "Action of Tea on the Nervous System," by Dr. Morton, of New York; "The Peduncular Tracts of the Anthropoid Apes," by Dr. Spitzka, of New York.

Cases of rare nervous affection, glosso-labio-laryngeal palsy, athetosis, hysteria,

agarophobia, etc., were also presented, and specimens illustrating the anatomy of the reptilian nervous system were exhibited by Dr. Mason, of Florida.

Pathological cases and specimens were reported and exhibited by Drs. Edes, of Boston, Seguin, Miles and Spitzka.

One of the most interesting communications was that of Dr. Schmidt, of New Orleans, who exhibited some magnificent microscopic sections illustrating the pathology of yellow fever. The specimens were presented to sustain the theory that the characteristic and fatal lesion of the disease was in the nervous system, and the lesions were certainly evident enough to support this position.

Dr. Hammond, of New York, made an oral communication denouncing the delusion of metallo-therapy, and in pursuit of his suggestion a committee was appointed to report on the experiments of Charcot at the next annual meeting.

The Association adjourned, after electing the following officers for the coming year: President, Dr. Miles, of Baltimore; Vice-President, Dr. Edes, of Boston; Secretary and Treasurer, Dr. Seguin, of New York; Councillors, Drs. Kinnicutt, of New York, and Langdon C. Gray, of Brooklyn.

Correspondence.

IS PHTHISIS CONTAGIOUS?

Mr. Editor:

The question of the contagiousness of phthisis is exciting general attention and the affirmative has many strong advocates. The clinical opportunities of any one physician are insufficient to determine this matter, but the aggregate experience of a number cannot but be of value. That such experience may be made available, I would be glad to receive answers to the following interrogatories from such of your readers as may be interested in this subject:

1. Do you believe that phthisis is in any sense or degree contagious?

2. Upon what practical evidence do you found your belief?

3. Please state the principle features of cases you have observed which have direct bearing upon this theory.

This request is to each one personally, and any evidence furnished will be gladly accredited. WM. PORTER, M. D.

500 N. 14th street, St. Louis.

ASYLUM REFORM.

NEW YORK, June 30.

My Dear Dr. Hazard:

I had just read the editorial in the St. Louis *Medical and Surgical Journal* when your letter containing it was received. I think my worst enemies have never accused me of being a fool, and I am much obliged to you for stating to all inquirers your decided opinion that I am not one. The editorial in the *Journal* is a mass of falsehoods and misrepresentations from beginning to end. In fact there is scarcely a word of truth in it. For instance:

It is false that more than half of the petitioners repudiate their signatures. It is false that those who appeared before the Senate committee knew nothing against the asylums of their own knowledge. It is false that I had only been in two of the asylums at intervals of eight and thirteen years. It is false that President Barnard did not sign the petition; not only did he sign it, after keeping it in his possession several days, but he wrote a letter to Dr. Seguin (which is now in Dr. S.'s possession), expressing his full approval. It is false that Prof. Draper (J. C.) did not sign the petition. It is false that many physicians and clergymen were induced to sign some other petition, and so on and so on, through to the end.

The editorial is based on a malicious,

unscrupulous and malignant article inserted in the Albany *Argus* by the "asylum ring" of this State.

The signers of the petition are among the most eminent gentlemen in this city. To mention all the physicians is scarcely necessary, but I may refer to a few such as Drs. Willard Parker, Markoe, Wagner, Seguin, J. C. Draper, Haddam and Weir. Of all the physicians signing the memorial, only two, to my knowledge, withdrew their names, one of these at the direct solicitation of a superintendent, and the other on receiving a request to appear before the committee of the Senate.

It is very true, as the *Journal* editorial suggests, that notice should be taken of the matter and discipline inflicted on the offenders. But the ones to be disciplined are those unscrupulous individuals who supplied the committee of the Senate and the Albany *Argus* with the stock of falsehoods they are circulating through the country. As to the committee of the Neurological Society charged with the duty of investigating asylum abuses, we dare the "ring" and its friends to make an issue.

I send you a copy of the preliminary report of the committee. A complete exposé of the course of the asylum ring and the Senate committee is now being prepared, and I think it will satisfy the profession and the public where the real fault lies.

Yours sincerely,

WILLIAM A. HAMMOND.

The following is the "Provisional Report of the Committee of the New York Neurological Society, relative to the subject of insane asylum abuses," to which Dr. Hammond refers. This was "presented to and accepted by the Society at the monthly meeting, held June 2d, at the College of Physicians and Surgeons, 4th avenue and 23d street:"

The undersigned, constituting the Committee on Insane Asylum Abuses, of the New York Neurological Society, respectfully report, that the petition prepared by them, and which contained the complaints deemed most important, was signed by many prominent physicians, lawyers and other citizens, and presented to the State Senate on the 20th of March last.

It was referred by that body to two members, Mr. Goebel, of this city, and Mr. Goodwin, of Utica, constituting the Committee on Public Health. That Committee has now made a report so unfair, one-sided, and so grossly misrepresenting the real facts of the case, that we feel called upon to solemnly protest against its being received by the profession and public as even remotely embodying the results of a *bona fide* examination. There was not even the pretence of a fair examination, documentary evidence was excluded, the bias of the Committee was evident from the first, and they were surrounded by superintendents who had been examined the day previous, without any member of your Committee being notified thereof.

One member of your committee who was examined at Albany, was forced, in self-protection, to protest against the passing, from superintendents to the Senator examining, of slips of paper containing questions desired by the former to be propounded to the witness, and superintendents were repeatedly seen to prompt that Senator. It may suffice, in possible explanation of the bias of the Senate committee, to refer to the fact that the Senator conducting the examination is a resident of Utica, and strongly affiliated with the authorities of the asylum there located. It will be noticed that the Senate committee is extremely careful in summing up its so-called conclusions to speak of State institutions exclusively (meaning asylums supported and controlled by the State alone), although the petition distinctly referred to all lunatic asylums within the State limits.

As further characterizing the animus of the Senate committee, we may refer to the fact that their piece of special pleading, miscalled a report, has been extensively circulated among superintendents and their friends, although no member of your committee has received a copy, and we have no other knowledge of this report than that furnished by the daily papers.

It is also worthy of note that the Senate committee, although informed that much valuable evidence could be obtained in New York, where most of the petitioners resided —evidence which could not be obtained at

Albany—avoided receiving this testimony, by refusing to meet anywhere but in Albany.

Your committee has been charged by the partisans of the asylum interest with having appended names to the petition without authority and misrepresenting its purport to signers. These charges are false in every particular; every name appended to the petition is authentic, and no one signed it without having had full opportunity to read it and become acquainted with its intent and purposes. It is true that a few of the signers became alarmed when they received a *quasi* threatening summons from the Senate committee, and wrote that they withdrew their names, and that still a few others withdrew theirs at the personal solicitation of the superintendents, but the greater number of signers, including many prominent physicians, continue to affirm the pertinency of all the inquiries and the necessity of a full investigation.

Your committee proposes, within a reasonable period, to present a detailed report, exhibiting the actual character of the testimony presented, as well as other evidence which was excluded, in support of the allegations set forth in the petition. Your committee is conscious of the fact that it requires no better vindication of its position.

T. A. McBride, M. D.,
E. C. Harwood, M. D.,
E. C. Seguin, M. D.,
Wm. A. Hammond, M. D.,
E. C. Spitzka, M. D.,
J. G. Kiernan, M. D.,
Landon C. Gray, M. D.,
W. G. Morton, M. D.,
Committee.

Extracts and Abstracts.

Self-Limitation in Cases of Phthisis.—Prof. Austin Flint, Sr., M. D. (*Archives of Medicine*, June, 1879) accepts Jacob Bigelow's definition of a self-limited disease, first published in 1835: "By a self-limited disease, I would be understood to express one which receives limits from its own nature, and not from foreign influences; and which, after it has obtained foothold in the system, cannot, in the present state of our knowledge, be eradicated or abridged by art, but to which there is due a certain succession of processes, to be completed after a certain time; which time and processes may vary with the constitution and condition of the patient, and may tend to death or to recovery, but are not known to be shortened or greatly changed by medical treatment."

By the study of the natural history of disease, it has been found that this class of affections is very extensive, including all the essential fevers, inclusive of acute pneumonia, and many acute inflammations. Dr. Flint assumes that he has proved that acute rheumatism or rheumatic fever, and acute dysentery, belong to this class. In fact he says that "If the term be used in a sense embracing different degrees of that attribute of disease which renders it independent of treatment, as regards course and termination, most diseases are more or less self-limited."

Dr. Flint first attempts to show that the favorable course and ending in certain cases of pneumonic phthisis are determined by self-limitation. He admits that most physicians would consider pneumonic phthisis or pulmonary consumption a disease that does not exemplify self-limitation, that its tendency is always to a progressive course, and that it is considered that cessation in its progress always implies some extrinsic agency by means of which it has been arrested.

To establish the fact of the favorable termination of a disease being due to self-limitation he proposes the following test: "A disease is, in this sense, self-limited where it ends in recovery irrespective of extrinsic influences derived from either hygiene or therapeutics. A patient, whatever be the disease, who recovers without any potential remedies or measures of treatment having been employed, and, where there has been no material change in any of the circumstances pertaining to daily life, owes the recovery exclusively to self-limitation; in other words, the favorable course and termination are due to an intrinsic tendency. This intrinsic tendency may often be promoted by judicious treatment; and to endeavor to do this is a rational object of therapeutics. On the other hand, this tendency may be obstructed by injudicious treatment—a result which, of course, the physician endeavors to avoid."

A large number of cases must be observed to obviate the error of overlooking influences which may be extrinsic but not apparent. These must be carefully and honestly observed, and there must be no

room for doubt as to the correctness of the diagnosis. Besides these difficulties there is another: no phthisical patient would or should submit himself to the purely expectant plan, equivalent to no treatment whatsoever, or one to which no curative influence could be attributed. Cases are rare in which, independently of a deliberate purpose on the part of either patient or physician, such a course has been pursued, still, in a practice of thirty-five years he has been able to collect a certain number amply sufficient, in his opinion, to substantiate his statement, that in certain cases pulmonary consumption ceases to be progressive, and may end in recovery from self-limitation.

Acute tuberculosis is excluded. He considers it a distinct disease, having more the clinical characters of an essential fever than of a local affection. The affections known as interstitial pneumonia, and cirrhosis of lung or fibroid phthisis are also excluded. He raises no inquiry as to distinct forms of phthisical disease aside from the latter affections, and neither affirms nor denies the existence of such forms, and uses the term phthisis to indicate pneumonic phthisis or pulmonary consumption for the sake of brevity.

"Of 670 cases of phthisis noted during thirty-four years, the list embracing a few cases of acute tuberculosis and interstitial pneumonia, 44 ended in recovery. * * * * * In 31 cases the disease ceased to progress, remaining non-progressive for at least several months, and in the majority of cases for several years. In these 31 cases the phthisical disease may be considered as ended, complete recovery from its effects, or the lesions incident thereto not taking place. * * * * * * Adding the two groups, there are 75 cases in which either recovery from phthisis took place or the disease ceased to progress."

He then proceeds to an examination of the clinical histories of these cases for the proofs of self-limitation.

"Of the 44 cases ending in recovery, in 23 there was no medicinal treatment to which an arrest of the disease could be attributed. In several of these 23 cases there was no medicinal treatment; in the remainder of the cases the treatment consisted of simple tonics, cough palliatives, or remedies to meet some other symptomatic indication. In none of the cases could the treatment be considered as curative. Of the 31 cases in which the disease was non-progressive without complete recovery, in 15 there was no medication by which it might be supposed that the disease was controlled, and in several none whatever." He calls attention to the fact that about the same proportion of each class were either without any treatment whatever, or it was not directly curative, and says: "It may fairly be surmised that this fact has a significance beyond mere coincidence."

In respect of hygienic treatment, he states that the changes made in habits of life "may have favored recovery or non-progression, but were inadequate to cause an arrest of the disease."

He states that the curabillty of phthisis is no novel doctrine, but claims that no one has taken the ground assumed by him "that the recovery in certain of these instances was spontaneous, that is, attributable to self-limitation." He thinks that he is warranted in taking this position by the facts to which he has referred.

The bearing of self-limitation on the conclusions drawn from clinical studies in respect of the treatment of phthisis is then considered.

"If the disease in any instances end in recovery exclusively from an intrinsic tendency, it is evident that self-limitation must be more or less concerned in the cases which recover under different measures of treatment. Speaking as if it were an entity, self-limitation is a factor co-working in certain cases with curative measures, and, as may perhaps be added, sometimes effective in spite of measures which obstruct its operation. On the other hand, when this factor is feeble or wanting, curative treatment is not likely to prove of much avail. Evidently, in drawing conclusions respecting the curative effect of remedies, allowance is to be made for this factor. The extent of its co-working doubtless differs much in different cases, in some being sufficient in itself, and, in others, either considerable, moderate or slight. Considering that the agency of this factor has not been hitherto recognized, it is easy to explain the well-known fact that, from time to time, various methods of treating phthisis, apparently successful in some striking instances, have failed speedily to meet the expectations excited by their apparent success. Whatever was really due more or less to self-limitation, was attributed solely to the methods of treatment, and when the former was feeble or wanting, the latter gave little or

no evidence of curative power. This is the rationale of the *post hoc ergo propter hoc* fallacy which has always had much to do with false deductions from therapeutical experience."

"Recovery from phthisis, in order to become proof of the success of any treatment, must have taken place in a number of instances treated by that method so large as to render it certain that the real agency could not have been self-limitation. Judged by this rule, the materia medica, with our present knowledge, offers few resources for the cure of this disease." Still he is of the opinion that medication is not entirely powerless, that when judiciously applied it may often coöperate with self-limitation and secure success, when the latter, by itself, would have been unsuccessful.

With regard to change of climate as influencing the course of phthisis, he analyzes the histories of 74 of his cases in which a temporary change of climate was an important, or chief measure of treatment; the stage of the disease and the particular climate resorted to, not being taken into account. Of these 74 cases, in nine recovery ensued and in thirteen the disease ceased to progress. Hence he concludes that more or less curative influence was due to climate. In only eleven cases was there no improvement following the change. He is able to give a preference to no particular climate over that of other localities.

Prof. Flint proceeds to take up a most important subject, viz: "Is it possible, by means of symptoms and signs, to judge whether there be, or be not, an intrinsic tendency to a favorable course and termination? Can a given case be investigated with reference to the existence and degree of this tendency, or is self-limitation always a matter of retrospection?" The results which follow are based on the clinical study of cases of recovery or cessation of progress from self-limitation, as contrasted with other cases.

The favorable or hopeful symptoms relate especially to the circulation, body heat, alimentation and nutrition. "Persistent frequency of the pulse, fever, anorexia and progressive emaciation oppose reliance on self-limitation. *Per contra*, encouragement on this score is warrantable when the pulse is but little, if at all, more frequent than in health; the temperature of the body not much, if any, raised; the appetite in a great measure retained, and loss of weight inconsiderable." This condition he terms *tolerance*, and in proportion as phthisis is well tolerated, is there hope of recovery; if not well tolerated, self-limitation is proportionably weak or wanting.

With regard to the physical signs in this relation he states that "Other things being equal, the chances of recovery by self-limitation are greater, the smaller the amount of phthisical lesions, and the space in which they are localized." He believes "that phthisis not very unfrequently ends by self-limitation before it has made sufficient progress to develop well-marked physical signs. In other words, there are abortive cases of this as of other diseases." He has met with instances of, as he supposed, abortive phthisis, and he thinks they may be misapprehended because of the general belief that exceptions to the rule of progress are extremely rare. Age and sex have no special significance in relation to self-limitation, and hereditary tendency is not incompatible with an intrinsic tendency to recovery. He gives a case in point: "Among my cases of recovery are two sisters, now living and well, who alone remain of a phthisical family, both parents, three sisters and two brothers having died with phthisis. The two sisters now living, one of whom recovered more than fifteen and the other more than twenty years ago, had no important treatment, either medicinal or hygienic, whereas there were changes of climate and the persistent use of remedies in the cases of a dead sister and the two brothers. These facts render striking the fact of self-limitation in the cases which recovered. Confining myself to a simple statement, I will add that my histories afford evidence that profuse and repeatedly occurring hæmoptysis, chronic laryngitis, pleurisy with effusion and perineal fistula, are by no means in all cases unfavorable as regards prognosis based on self-limitation."

We cite the concluding sentences of this remarkable paper, regretting that our space will not admit of reproducing it in full: "The extent of influence referable to self-limitation in this disease, is by no means fully ascertained. There is ample room for further observations which bear upon this point of inquiry. Impressed with the importance of clinical studies having this direction, I cannot forbear the remark that they promise more in the way of practical utility than the continued discussion of

histologico-pathological questions relating to phthisis, which, of late years, have engrossed so much attention and occupied so large a space in medical literature."

THUJA OCCIDENTALIS IN EPITHELIOMA.—Dr. John B. Rice (*Michigan Medical News*) gives the notes of a case that is truly remarkable for its happy termination. We condense the report as follows:

Mr. B., aged seventy-two years, consulted Dr. Rice in April, 1876, respecting a small ulcer, upon the gums in front of the two middle lower incisors. It was not the seat of severe pain, but had annoyed him for six weeks, when he had first noticed it as "a small blood-blister." It soon began to ulcerate, when he called it "a canker sore," and had treated it with solutions of alum, borax, infusion of golden seal, and perhaps other domestic remedies.

When the ulcer was first seen, its edges were thickened, and there was an excavation large enough to receive a grain of corn. Beyond its borders the tissues appeared to be in a healthy condition; there was neither congestion nor inflammation, and the alveolar process was apparently sound. The idea of malignancy did not suggest itself. Dr. R. made application of solid silver nitrate; this was repeated twice or thrice, at intervals of three days. Although his general health seemed good, iron and quinine were prescribed. The ulcer got worse; enlarged and emitted a suspicious fetor. Silver nitrate having failed to do good, the ulcer was covered with iodoform, and this was directed to be repeated three or four times daily. A mouth wash of a solution of chlorate of potassa, with a small quantity of carbolic acid, was ordered to be used occasionally. In spite of these measures, the ulcer gradually enlarged, until in four months after the patient first noticed it, the ulcer was fully an inch in length, by three-fourths of an inch in breadth, involving the gums both in front of and behind the incisors (which had loosened and had been extracted), as well as all the tissues, quite through to the integuments covering the chin. The borders were thickened, and the sublingual glands considerably enlarged.

A few weeks later, the condition being still more aggravated, Professor Weber, of Cleveland, was called in consultation. He was decidedly of the opinion that it was a case of epithelioma, and thought that the only remedy was excision. Owing to the advanced age of the patient, and his reduced and cachectic state, and the uncertainty of removing all of the affected tissues, he did not recommend the operation. Several other experienced surgeons, without exception, entertained a similar opinion.

The case continued to progress unfavorably until the gums, the alveolar process, from the left canine to the last molar, and the corresponding inner buccal tissues, were all involved. The bone was crumbling, the sublingual and submaxillary glands were greatly enlarged and of scirrhus hardness; and the tongue was crowded upward to such an extent that it was with extreme difficulty that the patient was able to take sufficient nourishment to sustain life.

This was the condition when Dr. A. C. Miller, of Cleveland, referred to *thuja occidentalis*, as having been employed by him, with encouraging results, in the treatment of malignant disease—he having his attention first called to its virtues in such cases by Dr. J. R. Leaming, of New York.

As soon as a saturated tincture of the *thuja* could be prepared, its administration was begun. The patient usually took fourteen fluid drachms daily of this tincture, made from fresh leaves taken from a shrub growing in his own door yard. Being rather pungent, it was always taken diluted with sugar and water, as frequently and in such quantity as he was able to swallow. A rather strong infusion was used frequently, day and night, as a mouth-wash. He occasionally resorted to the chlorate of potassa with carbolic acid solution for the same purpose. In addition he took five grains of tartrate of potassa and iron, one grain of quinine and one-fortieth grain of arsenious acid, thrice daily. His chief nourishment was mush and milk.

The improvement was gradual. The tumefied glands grew softer and smaller. The ulcer assumed a more benign aspect, as did the parts thickened by infiltration. His strength increased, and there was remarkable relief from pain. He persevered with the treatment most heroically, under many discouraging circumstances, and perfectly recovered in about four months. In July, 1878, two years after the recovery, there was no appearance indicating the return of the disease.

Dr. Leaming stated to Dr. Rice that he had witnessed similar fortunate results, during the treatment with *thuja occidentalis*

(American *arbor vitæ*) of cases where his own opinion as to malignancy was supported by so eminent a surgeon as the late Dr. Gurdon Buck.

MARTIN'S OPERATION OF EXTIRPATION OF THE KIDNEY.—Dr. J. Marion Sims (*Am. Med. Bi-Weekly*, from *Med Record*). "It has remained for Dr. Martin, of Berlin (son of the late Prof. Edward Martin), to open up a new field for and a new method of doing this operation. He has now extirpated the kidney five times—four times successfully. And, strange to say, he has done the operation for what is known as floating kidney. His operation before Listerism would have been wholly unjustifiable. But now it is justified by its simplicity and its success. It is as simple, if not as easy, as ovariotomy, and quite as successful. Certainly so in Martin's hands. I had the satisfaction of assisting at Martin's fifth operation, on the 19th of April. The operation is by abdominal section. Instead of using a single table, five feet long, for his operation, he has two tables, each about two and a half feet long, end to end, one being a little lower than the other. The patient was chloroformed in her own chamber, and then brought into the operating room, and placed on the table, with the head to the window. The head was on the lower table, the pelvis on the higher one. The head was placed low, with the intention of preventing syncope, the chief source of danger in the use of chloroform. Martin's spray apparatus is an enormous affair that will work for hours. It was placed six feet or more from the patient, and the spray passed over the assistants and fell on the patient, not in a dense cloud, but in a sort of mist. It seemed to me to be 'too much of a good thing.'

The operation was begun at ten minutes to 8 A. M., and was finished in twenty-six minutes. It was done slowly and with great pains-taking. The incision was begun about two inches above the umbilicus, and extended two inches below it. The bleeding from the edges of the abdominal wound was arrested as in ovariotomy, with hemostatic forceps. The peritoneum was then incised. Some folds of small intestine protruded, and were pushed back and retained by a carbolized sponge probang. The kidney was then pushed to the abdominal incision by pressure on the loin behind, where it was seized with a vulsellum and securely held. The peritoneum investing it was then opened longitudinally; and the kidney was enucleated and brought freely into the peritoneal cavity. Some large veins on its surface were ligated, and its attachments (consisting of renal artery, renal vein, and ureter with cellular investments) were tied in sections, just as we secure a broad pedicle in ovariotomy. The pedicle (so to say) of the kidney, necessarily running longitudinally with the kidney, about three fingers' width long, was transfixed and tied with five separate ligatures. The kidney was then neatly dissected away from the pedicle and removed. The pedicle was dropped back into its proper place behind the peritoneum; the peritoneal cavity was then carefully sponged dry; and the external wound was closed with interrupted sutures. The sutures and ligatures were carbolized silk. Antiseptic dressings were applied, and the patient removed to her bed." There seemed every probability that she would recover, but death occurred three days later from peritonitis. All his cases were for floating kidney. "Heretofore we have told our floating-kidney patients that they must accept their condition as incurable. Whether we will readily follow the bold example of Dr. Martin, and extirpate floating kidneys hereafter, is a question."

Dr. Sims refers to a case of kidney disease, complicated with abscess and stone in the pelvis of the kidney, and says: "In such cases as this there is certainly a future for Martin's operation. In such a case as this we might cut down on the kidney, as Martin does, and if we found a stone in the pelvis we could remove it, close up the incision with suture, return the kidney to its place, and leave the case to nature's efforts."

AMPHORIC RESPIRATION AND AMPHORIC RESPIRATORY ECHO.—Dr. L. James, President Richmond, Va., Academy of Medicine, presented a pathological specimen of lung which, in life, had afforded a well-marked amphoric respiration occupying nearly one entire side of the chest. The lung showed a very large phthisical cavity, with smooth internal surface, the front wall being the much thickened pleural membrane closely adherent to the parietal wall, as it was nearly throughout the whole extent of that cavity, the result of adhesive inflammation. The rear wall was composed of a like ad-

herent pleural membrane, with about an inch thickness of lung in a carnified condition.

Dr. James thought that such adhesion of the pleural surface of a cavity with the chest wall was the usual condition by which amphoric respiration is produced, although not mentioned by authors. The existence of a large cavity with firm walls is recognized as occasioning this modification of sound, but nowhere state that pleural adhesion has been observed as the cause of the walls being thus made firm. He believes that this is the usual, although not the exclusive mechanism.

He also reported a case of "respiratory amphoric echo," which occurred in a case of chronic pleurisy with empyema, in which pneumo-thorax had been established by a free opening made through the chest wall to permit the escape of pus. In this case there had been no communication between the pleural cavity and the bronchial tubes, there being no phthisical cavity or other perceptible disease of the lungs except the pleurisy. The amphoric sounds occurred after pneumothorax had been established by the operation, and were clearly produced by vibrations communicated from the passage of air along the bronchial tubes to that contained in the pleural cavity. They differed from the amphoric sounds produced by the direct entrance of air into phthisical cavities in that they occurred at a short but appreciable interval after the inspiratory act, were more prolonged in utterance, being, in fact, rather a succession of reverberations, and could be recognized by the echoing quality of the sounds. Hence Dr. James describes it as an amphoric respiratory *echo*.

This case demonstrated that sounds of amphoric quality may be produced without the direct passage of inspired air into a cavity, and that they are marked by distinctive characteristics susceptible under close attention of recognition.—*Southern Clinic.*

Accessory Ovaries.—Dr. Wm. Goodell, (Boston *Med. and Surg. Journal*, June 19, 1879), in the course of a valuable article on Battey's operation, in relation to the incision being made through the vagina, refers to one drawback, as follows:

"For some reason the removal of both ovaries does not always bring about the cessation of the menses. From a careful collection of all the published cases of double ovariotomy occurring during menstrual life, I find that out of 132 cases there were 15 in which regular monthly fluxes kept on, and 9 in which such fluxes were either irregular or lessened in amount. The cause of this unexpected continuance of the menses has been attributed by Kœberlé to a portion of ovarian stroma unwittingly left behind, but I think it is often owing to the existence of a third or accessory ovary." Observations by Kocks (verified by Dr. A. R. Simpson), Puech and Beigel, in support of the actual existence of such bodies are quoted, and he proceeds: "These accessory ovaries range in size from a hemp seed to that of a cherry, and are usually attached by a slender stalk. They very generally lie on the boundary line separating the peritoneum from the serous covering of the ovary. Beigel encountered three attached to one ovary, and Waldeyer as many as six. 'On microscopic examination they were found to consist of normal ovarian tissues, and to contain Graffian follicles in every degree of development, as well as relics of corpora lutea and follicles which had dwindled without rupturing. The author concludes that both conception and also the pathological changes of normal ovaries may originate in these bodies. They may also have a bearing on the recurrence of menstruation after the complete removal of the ovaries.' I cannot but think that this is the explanation of Atlee's two remarkable cases, in each of which one ovary having been removed, the other became so diseased as to need repeated tappings, and yet each woman not only menstruated, but gave birth to a child (Ovarian Tumors, pp. 38 and 39)."

Cholera Infantum.—(*Medical Herald*) Dr. Goldsmith, of Louisville, gives one-twelfth of a grain of calomel every half hour, and iced egg-water. He also gives quinine by inunction. In the debility that follows, he thinks raw beef an important article of diet.

Sweating Hands.—(*British Med. Journal*) The affected surfaces may be painted with the tincture of belladonna, or, in certain cases, the ointment may be used. Painting of the tincture about the wrists in the form of a "bracelet" has proved successful in some cases.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - JULY, 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

SELF-LIMITATION IN DISEASE.

Elsewhere we devote considerable space to an abstract of a valuable paper by the elder Professor Austin Flint, M. D. We purpose making some comments upon the central idea of this paper, viz: that cases of phthisis, or of any disease, that show any tendency towards spontaneous recovery are, by virtue of this fact alone, self-limited.

To our understanding, and we derived the impression from the teachings of Prof. Flint himself, in order that a disease may properly be considered as self-limited it should pursue a certain definite course as regards the evolution and succession of its symptoms, these should be modified to but a slight degree by any method of treatment adopted, when modified at all in this way it should be in the direction of intensity without altering their essential characteristics, and the termination should be either in recovery or cessation of characteristic phenomena within certain definite limits as regards time or duration. Judged by this standard, the eruptive fevers are self-limited diseases properly so-called. The patient may perish eventually from some of their sequelæ, but each of the diseases proper has certain definite limits in time. The limited duration of these affections clearly separates them from diseases which pursue an essentially chronic course, and of these, pneumonic phthisis offers a striking exemplification. The characteristic of chronicity, in our opinion, removes it, once for all, from the category of self-limited diseases.

The fact that cases of almost every disease known have recovered irrespective of the treatment employed, does not prove self-limitation for all diseases; it simply gives evidence of the fact that the tendency towards recovery is greater in some patients than in others; that the natural forces, inherited or acquired, are sufficient to reëstablish the normal relations between waste and repair, to remove obstructions, to overcome adverse influences.

Prof. Flint's extension of the term "self-limitation" to include pulmonary consumption—and by implication, all other diseases—seems to us to be only a rehabilitation of the ancient idea of the *vis medicatrix naturæ;* in other words, we consider it a mistake to class phthisis with self-limited diseases, when, in point of fact, it differs from them in every essential particular excepting that a few cases do recover without special medication.

Prof. Flint must receive due credit for so clearly enunciating and demonstrating this latter fact, and for giving definite instructions for forming a rational prognosis in a given case, as well as for giving the rationale of the cures supposed to have been affected by many and diverse agencies, although we claim that the reason given is one-sided, that it is really the inherent powers of the individual patient and *not* an intrinsic tendency of the disease towards recovery. With this reservation we most heartily commend this latest product of the illustrious professor's pen to the careful consideration of our readers.

THE HIGHER STANDARD.

The Convention of Medical Colleges having proved a total failure, the Association of American Medical Colleges having deferred action for still another year, it is

clearly demonstrated that there is nothing to be hoped for in the direction of a higher medical education from the vast majority of these money-making institutions. They must be *compelled* to adopt a decent course of instruction and more rigid requirements for their graduates. Medical journals have an important duty to perform in this relation. If they do not perform that duty they should incur the displeasure of the profession. If a journal gives aid and comfort to such self-styled colleges, it should lose all support from reputable practitioners of medicine. As a first "step in the right direction" the CLINICAL RECORD declines and in future will reject all advertisements of schools that refuse to advance their standard of requirements for the doctorate.

Our course would appear a hopeless one were it not for the fact that professional opinion is, to a great extent, with us. That this is true is evident from the fact that those schools which have taken the lead in this movement have lost nothing by it, that their classes are kept full while their requirements have been increased.

We take pleasure, in this connection, in calling attention to the advertisement of the Chicago Medical College, which appears in this number for the first time. It will be observed that its requirements are of the highest, that its faculty includes some of the best men in the Western profession, and that its programme conforms in every particular with that enunciated in our columns. It is gratifying to observe that the *first step forward* was made by this school, when it instituted a graded course of instruction on its organization. This honor has been claimed by some Eastern schools, but it rightfully belongs to that organized by the venerable Professor N. S. Davis. We would direct the attention of students and practitioners alike to the advantages it offers to the tyro in medical science as well as to the man of experience who would refresh his knowledge by gathering the latest fruits of the world's study and progress. It is no longer necessary to incur the expenses of travel and costly living in an Eastern city to gain all that is to be gained from a post-graduate course. Our Western cities have the material, and Chicago is the first to make it available.

Some of the Western schools have advanced their fees for lectures; but this is the poorest sort of a substitute for effective teaching. We must repeat that the mere payment of large fees cuts no figure in this relation. The teaching must be of the best quality and those taught must have a solid ground-work upon which to build, and the time of teaching must not be too short, or the resulting educational superstructure will necessarily be of the most flimsy character in the vast majority of instances.

A NEW DUTY OF THE MEDICAL EXPERT.

We were somewhat surprised to read the following in relation to those "singularities of conduct, eccentricities of action, and changes in one's natural self, or a departure from that type previously characteristic of the individual," which are held to be the strongest evidences of insanity. We find it in the St. Louis *Medical and Surgical Journal*, for April, 1879, page 265:

"This departure consists in a multitudinous variety of alterations which it is the duty of the physician to develop."

We had always supposed it was altogether sufficient for all the purposes of justice and mercy that the *patient* should "develop" such a change from his normal self as to prove that he was a lunatic. Now, however, the physician—the medical expert—must "develop" such symptoms of morbid mental action. We are certain that there are not more than two St. Louis physicians who are able to convince a court and jury that they possess this new qualification for the position of medical expert in such cases, and one of them is this "professor."

It is barely possible that we have mis-

taken the "professor's" real meaning; it may be that the word "develop" is used in the sense that the physician must "develop" such traits in his client by a proper course of instruction, and training; or even that something must be made to appear to the jury where nothing exists—something after the fashion of the professional magician or "test medium." Again, the "professor" must take the blue ribbon. In a recent case he swore to a "change of character" in a man he had never seen but once, and then eight months after the individual became a maniac! This is certainly beyond the powers of any except the best "developed" clairvoyants and test-mediums. The "professor" certainly has no rival in this special field of his own creation. The possession of this unique, remarkable and most extraordinary power certainly renders him a most desirable witness in doubtful cases, especially those of homicide, arson, etc. We must congratulate the profession of Missouri on the possession of such a remarkable member, and place him in nomination for President of the State Association next year.

LACTOPEPTINE.

A year ago we gave a strong endorsement of this elegant pharmaceutical preparation, to-day we repeat it with emphasis. The experience of an additional twelve months has confirmed us in our former opinion. The advantages of using a preparation of uniform composition are, we should think, sufficiently evident. If not, then a trial of the article referred to, compared with a mixture made according to the published formula by a number of ordinary pharmacists, will convince the most incredulous. The demand for Lactopeptine is so great that it can always be had freshly prepared; for the same reason the manufacturers are enabled to keep up its standard of excellence.

If any argument were needed against the absurd rule attempted to be injected into the Code of Ethics of the American Medical Association, forbidding the use of articles protected by a trade-mark, it could be furnished by the uniformly good results obtained from the use of this preparation. If druggists were always honest and competent, and were always in possession of good preparations of pepsin, pancreatine and diastase, such a preparation might be superfluous, but while the contrary is often true of these assistants to the physician, a trustworthy article like Lactopeptine is indispensable.

While cholera infantum is so prevalent in this section, it may not be out of place to again call the attention of physicians to the fact that in Lactopeptine we have an invaluable agent in aiding digestion and arresting the progress of this terribly fatal affection. We have found a combination with bismuth sub-nitrate of especial value in this disease.

"WANTED—A CRITIC."—The Philadelphia *Medical Times* calls for one loudly. We modestly snggest that its editor should, in future, look after his proof-reader and see that he gives due credit to the St. Louis CLINICAL RECORD, in place of the St. Louis *Clinic*. There isn't much "in a name," still we prefer our own to that of any one else. The *Times* may not be particularly desirous of our criticism, but if it continues to advertise for "a critic" we may be induced to offer our services.

THE TENTH CENSUS.—We call special attention to the little book issued by the Census Office, containing blank forms for physicians' mortuary records for the year beginning June 1, 1879, and ending May 31, 1880, inclusive. One of these has been sent to every physician in the United States whose address could be obtained, and it is to be hoped that the record will be faithfully kept by each and the register returned to the Census Office when the year has expired. The benefits to be derived from accurate

records of this description can scarcely be overestimated. We trust that every physician who has not received a copy will notify the proper authority at once. Address: Hon. Francis A. Walker, Superintendent of Census, Washington, D. C.

ACKNOWLEDGMENTS.—The Chicago, Burlington and Quincy Railroad has long been noted for excellence of construction, the courtesy of its officials, and the beauty and enterprise of the towns and cities along its line. We return thanks to its management for the many courtesies extended to our representative at the recent medical convention held at Davenport, Iowa.

The Cairo and St. Louis Railroad is one of the best managed lines in the West. The many physicians who attended the recent meeting of the Southern Illinois Medical Society, at Sparta, Ill., are loud in their praises of this excellent route, and the gentlemen who conduct it. We return thanks for recent favors.

Book Notices and Reviews.

LECTURES ON ELECTRICITY IN ITS RELATIONS TO MEDICINE AND SURGERY. By A. D. Rockwell, A. M., M. D., Electro-Therapeutist to the New York State Woman's Hospital, Etc., Etc., Etc. 8vo. pp. 99. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Cloth, $1 00

It is becoming a custom with certain of our specialists, when they condescend to enlighten the vulgar herd of general practitioners, to shroud their subject in as much obscurity as they can muster for the occasion. Whether this is, in some instances, a natural result of the haziness in the author's own mind, or an intentional speculation, cannot be always determined, in either case the reader of a work written by such specialists will lay it aside with dissatisfaction if not with sheer disgust.

The "specialty" of electrotherapy is one of the narrowest fields of medicine, and has, in this country, been rather unfortunate in its votaries. Although nothing can be further from us than to confound the eminent gentlemen who have devoted themselves to this branch, with the charletans who have once disgraced it, yet we do not hesitate to say, that as far as the general practitioner is concerned, he has been taught as little by the regular experts who now monopolize the field, as by the charletans who preceded them.

The work before us is vague in its generalizations, throws no light on the separate indications and is obscure in its differential diagnostic formulation.

In the fourth lecture one sentence calls for attention and illustrates our statement as to the monopoly which the electrician would like to sway * * * * "the duty of the profession in regard to this matter is very clear. They should familiarize themselves with electro therapeutics; * * * * or they should refer the matter to those who are masters of the subject." The next sentence is still more remarkable: "In case neither of these courses is practicable, they should, as a rule, not attempt to have electricity used at all, or should confine themselves mainly to its use as a *palliative*, and with the understanding that they are submitting to a *necessary evil*." To us this seems a direct invitation to cheat the patient.

As illustrating the vague ideas which specialists often have concerning the anatomy of the parts they treat, we refer to page 25, where the reader will find a "sympathetic spinal cord." We poor ignorant non-electricians have hitherto been blissfully contented with one spinal cord, but it seems we forgot there were two!

The author's theories as to central galvanization are entirely worthless, as they are based on misapprehension of physical principles. This applies still more to his explanation of general faradization; his idea seems to be that a patient can be filled with so and so much electricity as

with water, that he can be fully or partially charged.

On page 72 Dr. Rockwell says: "Galvanization of the spine with strong ascending currents should be used" (in locomotor ataxy). We protest against this as a highly injurious method of treatment, having repeatedly seen patients who had been thus treated by electricians, with the result of increasing the intensity as well as the area of the fulgurating pains, and in one instance have known such an application to be followed by an intense aggravation of all the symptoms, rapidly progressing amblyopia and ataxy of the upper extremities.

The author delights to leave the most essential points, regarding which the reader might be justified in looking for information, unsettled. Our impression is, that if the indications and results of treatment be as inconsistent with each other as they seem to be, in the light of the present volume, then the severer methods, especially of galvanization, may prove to be as dangerous and double-edged toys in the hands of the expert as in those of the layman. * *

HANDBOOK OF DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT AND NASAL CAVITIES. By Carl Seiler, M. D., Lecturer on Laryngoscopy at the University of Pennsylvania, Etc., Etc., Etc. 12mo. pp. 156, with 35 illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $1 00.

The plain, practical manner which the author employs will at once make this little volume a favorite. Without an attempt at self laudation and a noticeable avoidance of the "*ego*," the concise and correct statements prove the book's fitness for its intended purpose, "a guide to students of laryngoscopy." More than this, the general practitioner will find here safe counsel and assistance. In the multiplicity of books, in these days when many, so soon as they have had an experience of a score of cases think themselves fitted to advance "new views," in this age when truth and enterprise do not always mean the same, it is a relief to find a consistent, orthodox, modest statement of facts and principles well assured.

The first fifty pages are devoted to the study of laryngoscopy and mention of the instruments necessary in the treatment of laryngeal diseases. Good sense is shown in having made this department as brief as may be. Why does our author prefer that the reflector be worn on the forehead? When placed before one eye like the reflector of the opthalmoscope there is not "the great disadvantage of monocular vision"—the contrary, rather; besides there are the advantages of having the line of vision within the cone of illumination and both the eyes having full range of the laryngeal mirror, are each shaded from the intense light, a matter of no little moment in long examinations. "The nearer the head reflector is placed to the eye of the observer, the better and more easily will the image be seen (page 23). The obstacles to laryngoscopy are "briefly but well considered." Practice on the part of the patient by frequent introduction of the mirror being the surest means of overcoming undue irritability of the fauces.

Few and simple are the instruments mentioned, and wisely so. A flexible probe guarded by a piece of fine sponge or cotton, which "can be carried to any desired spot in the larynx, pharynx, or nasal cavities," is the most valuable means of making topical applications in these parts; a covered jar, or, at most, a wide-mouthed bottle for inhalation of volatile agents; a caustic pencil of silver wire upon which is fused a little nitrate of silver, are examples of the author's suggestions. Uncomplicated instruments, like plain words, often indicate careful thought, and here we find all three.

The directions regarding treatment are well to the point, though we cannot indorse the free use of strong solutions of nitrate of silver advocated, as, for instance, in sub-acute and chronic laryngitis; this,

however, is a matter of opinion, as high authority sanctions this procedure.

It is interesting to note the statement (page 69) that "We find tubercular deposits in the mucous membrane of the larynx," under certain conditions, a much disputed conclusion, but one in which we firmly believe our author is right.

Probably the most instructive portions of the book are the chapters on pharyngitis, which alone would be an addition to any medical library designed for practical use.

Our author advocates the nasal douche in the treatment of post-nasal catarrh, a method against which there has been great out-cry but which is still employed by the majority of good practitioners. The author justly thinks that it is not the use, but the abuse of the douche which is productive of harm, and we would add, that many of the cases of disease of the middle ear for which the douche has been held responsible are seemingly but the result of the extension of inflammation by continuity of surface. The chapters on functional diseases of the larynx and that on laryngeal neoplasms are well written and condensed.

There is no doubt but that this book merits and will receive full approbation of the profession, especially of such as desire information regarding what is known in this department. As a guarantee of good typographical work the imprint of Henry C. Lea is all-sufficient. WM. PORTER.

PARESIS OF THE SYMPATHETIC CENTERS from Over-Excitation by High Solar Heat, Long Continued and Suddenly Withdrawn, Etc., So-Called Malaria; its Etiology, Pathogenesis, Pathology and Treatment. By Charles T. Reber, M. D. 12mo. pp. 112. St. Louis: George O. Rumbold & Co. 1879. From the Author.

Any contribution to our knowledge of malaria that is based on personal experience and clinical observation should receive a careful examination from the reviewer. If the ideas presented are supported by any evidence, they should be submitted to careful investigation before being rejected as unworthy of notice.

Dr. Reber has had thirty years of experience, of laborious practice in a highly malarious district. He is evidently an enthusiast in the support of the docrines he lays down. His treatment of malarial disorders is good—no special departure being made from the rules followed by writers who hold different theories regarding the essential nature of the pathological processes under discussion.

Some objection may be made to the needless subdivision of the one hundred and twelve pages into *twenty-five* chapters, when two or three, at most, would have been altogether sufficient. The coining of new terms is also a mistake, in our opinion.

On page 31 of his monograph we find Dr. Reber's theory thus expressed:

"In the undue excitation of these temperature centers, unduly stimulated by the frequent calls upon them through the afferent nerves to maintain the normal temperature; the frequency and urgency of these calls suddenly changing from one to another condition, from hot to cold, and especially in the over excitation by a high outside temperature, loaded with moisture, (thereby preventing free surface vaporization) their tone, potentiality, health, normal condition is altered, lowered; they become unduly irritable, and therein lies the fundamental cause of all diseases now known by the term malarial, as well as the fundamental cause of many other diseases not so well marked by a distinct rigor, etc."

Now, it is not probable that there is any "heat-regulating center" at all, the heat of the body being regulated most probably through the sweat-center of Nawroki, Luchsinger, and others.

In Dr. Reber's statement, it appears that long continued over-excitation of the hypothetical heat-regulating center by atmospheric heat, is not, of itself, sufficient to induce what he calls "thermal paresis" or malarial disease. The cause is seen to be "the sudden *changing* from heat to cold and the contrary." How this differs from

what is known as chilling of the body we find some difficulty in determining.

In fact, we find little in Dr. Reber's little book that is not contained in Oldham's "What is Malaria?" (London: H. K. Lewis, 1871). Dr. Oldham recognized the extreme susceptibility to cold engendered, especially in the white race, by long-continued exposure to heat, and a consequent lowering of the vital power. He also thought that the depressing effect of damp was necessary to the development of malarial affections in cool climates. Hence the principal difference between Dr. Reber and Dr. Oldham is that the former attempts to explain *how* the vital powers are weakened by the change from heat to cold, we fear, with no very satisfactory results.

Dr. Reber and Dr. Oldham fail to meet some formidable objections to the theory of chilling or sudden abstraction of heat from a body exhausted by excessively high atmospheric temperature. They do not account for the presence of free pigment granules in the blood, or fixed in the spleen, liver, kidneys, retinæ and cerebral cortex. They do not take into account the so-called mountain fever, prevalent in the Rocky mountains in the depths of the long winters of that region, which has been proved to be dependent upon the use of melted snow and ice holding in suspension or solution quantities of organic matter; a fever that is in every way analogous to Dr. Reber's "thermal paresis." These gentlemen also overlook the researches of those investigators who have found the spores of cryptogamous plants floating in the blood or fixed in the organs above enumerated (See Hammond's paper, "A Contribution to the Study of the Nature and Consequences of Malarial Poisoning," in CLINICAL RECORD, September, 1877). The chill theory of Oldham is as old as Hippocrates, and Dr. Reber seems to have reached nearly the same conclusions by dint of hard work and long observation. That is to say, we recognize the fact that Dr. Reber has carefully studied by himself and has unconsciously arrived at conclusions that were old when the Roman empire fell.

HINTS IN THE OBSTETRIC PROCEDURE. By William B. Atkinson, A. M., M. D., Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia; D. G. Brinton, 115 South 7th st., 1879. Cloth, $1.

However exalted may be our opinion of Dr. Atkinson's abilities as a writer of romantic literature—based upon his "Physicians and Surgeons of the United States"—we must confess that his efforts as a lecturer and writer have not served to place him upon the highest planes of scientific attainment. The great writers of fiction have seldom displayed exalted ability in science. Dr. Atkinson should make a note of this and, in future, confine himself to a field which he has fairly made his own by the right of discovery; we refer, of course, to that of the medical historical romance.

We have very carefully examined these "Hints," hoping to find some reason for their existence, and have finally reached the conclusion that such a reason does exist. The book contains absolutely nothing that is new, nothing but what is to be found in every good work on obstetrics, nothing but what should be taught to every medical student in a reputable medical school.

To the graduates of "Podunk University, Medical Department," it will be found of great and permanent value. Hence, "Podunk" furnishes its *raison d'ètre*. So long as "Podunk" has a "Department" in every city in our country, so long will such manuals flood the market and be purchased to the exclusion of medical works of value.

The "Podunk" graduate will find these "Hints" very convenient. He can carry the book in his pocket and read it over as he prudently retires from the lying-in chamber between the frequent doses of chloral, recommended by our author.

The florid style of "dime-novel literature" shows itself on more than one occa-

sion. Witness the following, in relation to ergot (page 29):

"If it acts at all, it only serves *to lash the womb into a fury*, setting up an irritable condition in that organ which can do no good, and may even result in causing rupture of the uterus." (Italics ours.) We would humbly suggest that the *furor uterinus*, of the older writers, was not usually traced to the use of ergot in labor.

Dr. Atkinson persists in making war upon the innocent grammar of his mother tongue. We have been obliged to chide him for this fault on a former occasion, and dislike to refer to such small matters again, but, really, his statement "that the lochia *is* normally diminished" after quinine has been given during parturition, is too bad.

We are compelled to retract our statement, that the book contains nothing new. The following statement has, at least, the merit of novelty: "When the membranes are intact, the fluid within forms a *beautiful wedge-like point*, which greatly aids in dilatation." (Italics ours.)

On page 35 we find the following: "The position in labor varies with nations, but when left to herself the patient is invariably observed to take that position which will cause the child to gravitate toward the point of exit. This subject is one which is eminently worthy of the attention of the student of midwifery, as he will find in the habits of women in this crisis much of value and interest." Podunk again!

Our anthor is an enthusiastic advocate of the forceps. The directions given are generally good and in accordance with the latest authorities. We fear, however, that the recent graduate of Podunk will be unnecessarily alarmed when he reads the following warning: "He is watched by eagle eyes; every phase of his conduct, every line of his countenance is noted." If he keeps this constantly in mind, the "lines of his countenance" will probably deepen faster than is consistent with the preservation of a fair share of manly beauty to an advanced age.

In the latter part of the book, we notice with pleasure that the author has given up the use of the term "the new-born" and has concluded to employ a commoner if less elegant expression, "the child." He is to be congratulated upon this new departure. He has been induced to write "legs" where he formerly preferred to use "limbs." These are all "steps in the right direction," and for them he has our hearty commendation.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY, Volume 3, for the year 1878. 8vo. pp. 472. Boston: Houghton, Osgood & Co. The Riverside Press, Cambridge, 1879.

The third meeting of this society was an eminently successful one. The papers read were nearly equally divided between gynecological and obstetrical subjects; this we regard as an improvement. At all events, it renders the volume of Transactions acceptable to a greater number of medical men than those preceding. The papers referring to post-partum hemorrhage are especially valuable.

Dr. H. F. Campbell's paper on Rectal Alimentation in the Nausea and Inanition of Pregnancy, will be read with the greatest interest; his theory of "intestinal inhaustion" as explaining the *modus operandi* of rectal alimentation is very plausible, if it does not receive the undivided support of the profession.

First Vice-President Goodell has revised the title of his annual address, and removed from it a certain sensational flavor that was not altogether acceptable to some of his hearers and readers. "Nerve-Tire and Womb-Ills" has been changed to "The Relation of Neurasthenia to Diseases of the Womb." This is an improvement, although the pure Anglo-Saxon of the first title has its attractions and advantages.

In our number for November, 1878, we gave extensive abstracts of the papers as read before the Society, hence it is not

necessary to repeat them here. We shall, if time and space permit, give more extended consideration to some of the papers which have reached us from their respective authors in the form of reprints.

The paper and typography of the third volume are equal to those of the former issues, while the binding is greatly improved. Covers for Volumes I and II, may be had by sending one dollar to the publishers. A full index of obstetric and gynecological literature of all countries for the year 1877 is appended to the volume. This is the joint work of the indefatigable Secretary, Dr. Jas. R. Chadwick and Dr. J. S. Billings, U. S. A., in charge of the National Medical Library in Washington.

Excellent portraits of the late president, Dr. E. R. Peaslee, and Dr. W. L. Atlee, with biographical sketches of their lives and labors, add greatly to the beauty and value of the volume.

No obstetrical or gynecological library should be without these Transactions.

A Guide to Therapeutics and Materia Medica. By Robert Farquharsen, M. D., Edin., F. R. C. P., Lond., Lecturer on Materia Medica at St. Mary's Hospital Medical School, Etc. Second American Edition, Revised by the Author. Enlarged and Adapted to the U. S. Pharmacopœia by Frank Woodbury, M. D., Physician to the German Hospital, Philadelphia. 12mo. pp. 498. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $2 25.

It is scarcely two years since we gave the first edition of this book a very hearty indorsement, and we are pleased to see that the mass of the profession has ratified our verdict by giving their favor to the work.

The second edition is greatly improved, by additions in every section and revisions of every part so as to make it correspond with the very latest advances in medical science.

The plan of the work is novel, the arrangement being such that the corresponding effects of each article of the matera medica in health and disease are presented in parallel columns. This arrangement is very convenient for reference and renders the subjects easy of remembrance.

The Americon edition has received many important additions at the hands of Dr. Frank Woodbury, who is well known as a careful and conscientious original investigator. Our commendation given the first edition we now repeat with emphasis.

A Clinical Treatise on Diseases of the Liver. By Dr. Fried. Theod. Frerichs, Professor of Clinical Medicine in the University of Berlin, Etc. In three volumes. Vol. III. Translated by Charles Murchison, M. D., F. R. C. P., Physician to the London Fever Hospital, Etc., Etc. 8vo. pp. 246. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Wood's Library of Standard Medical Authors. Cloth, $1 00, to subscribers.

This volume completes the classical work of Frerichs; a work that should be in the library of every practitioner for constant and ready reference. This is especially the case in the malarial regions of the West and South where diseases of the liver are so common. For many years this work will continue to be a standard authority, and now that Messrs. Wood & Co. have issued it in such a neat and convenient form there is little excuse for not having it at hand for reference.

Hearing, and How to Keep it. By Charles H. Burnett, M. D., Consulting Aurist to the Pennsylvania Institution for the Deaf and Dumb; Aurist to the Presbyterian Hospital, Philadelphia. American Health Primers, No. 1. Philadelphia: Lindsay & Blakiston. 1879. Cloth, 50 cents.

This handy volume is the first of the series issued for popular reading by Messrs. Lindsay & Blakiston. If each volume of the entire series equals the first, it will be one of great and permanent value. Dr. Burnett has made the subject very interesting, and his reputation as an otologist and a clever writer is sure to be advanced this latest work of his mind and pen.

heartily commend the series to our readers and their non-professional friends.

RHYMES OF SCIENCE: Wise and Otherwise. With Illustrations. 12mo. pp. 66. New York: Industrial Publishing Company. 1879. Cloth, 50 cents.

A selection of the best humorous poetry bearing upon scientific questions, by such writers as Dr. O. W. Holmes, Bret Harte, and others, cannot but be very interesting reading. We have examined this volume quite carefully—read it from cover to cover, in fact—and find it well adapted to dispell "the blues" and cause forgetfulness of the cares of life, so far as anything can do so while the "dog star rageth." We pronounce it *good*.

LITERARY NOTES:—

A NEW work on the practice of medicine is in preparation by Prof. A. B. Palmer, M. D., of the Medical Department of the University of Michigan. Dr. Palmer has had over forty years of experience and is in Europe gathering the latest fruits of science for his forthcoming work.

DR. HAMMOND'S great work on Diseases of the Nervous System, has been translated by Dr. F. Labadie-Lagrave, and published by J. B. Ballière et fils, of Paris. It has been received with great favor in France.

MR. HENRY C. LEA, of Philadelphia, announces for early publication, the following: "A System of Medicine," edited by J. Russell Reynolds, M. D., in three large octavo volumes. This work has recently been completed in England in *five* volumes. Dr. Henry Hartshorne will edit the American edition and bring it up to date. "A Manual of Midwifery," by Fancourt Barnes, M. D., son of Robert Barnes, already well known in obstetric literature. "Clinical Medicine," by Austin Flint, M. D., 8vo, 900 pages. "A Handbook of the Principles and Practice of Medicine," by Frank Woodbury, M. D. Also new editions of Wells on the Eye, Leishman's Midwifery, and Bumstead on Venereal Diseases.

MESSRS. G. P. PUTNAM'S SONS announce for early publication: "The Anatomy of Nervous Centres," by Prof. G. Huguenin, of Znrich, translated by Dr. W. J. Morton; "The Normal and Pathological Anatomy of the Eye," by Dr. A. Arlt, of Toronto; and "The Brain, the Spinal Cord and the Nerves," by Dr. Wm. A. Hammond.

THE London *Lancet* (American reprint) will hereafter be issued by the Industrial Publication Company, 14 Dey street, New York. The *Lancet* has recently been enlarged and improved.

NEW JOURNALS.—*Neurological Contributions*, by William A. Hammond, M. D., assisted by William J. Morton, M. D., a quarterly of 104 pages, has reached us. The first number is a most excellent one. It contains the following articles: "The Non-Asylum Treatment of the Insane," recently reviewed in our columns; a clinical lecture on "Arrest of Development," illustrated with three heliotype engravings of stunted children; "Mysophobia," descriptive of a form of insanity "characterized by a morbid, overpowering fear of defilement or contamination, and "Records of Practice," all by Dr. Hammond. Added to these are two cases reported by Dr. Morton, one illustrating the toxic effects of tea, and the other of cure of chronic partial eczema by galvanism. Dr. Morton also reports several cases from the college clinic for nervous diseases. Notes on contemporary literature are mostly devoted to the question of asylum abuses, and includes the petition, in full, presented to the New York Legislature, which has elicited so much adverse criticism. Those editors who have permitted the use of their journals to disseminate the falsehoods of the "asylum ring" have the opportunity of correcting their record. Dr. Hammond's letter and the report of the New York Neurological Society, printed in this number of the CLINICAL RECORD will give them the proper information upon the subject, and there is

no excuse for delay in making the *amende honorable.* The editorials referred to have a suspicious likeness to each other and give strong evidence that they have a common origin.

The *Medical Summary*, monthly, $1 00 per annum, Dr. R. H. Andrews, editor, Lansdale, Pa., is a new aspirant for professional favor. We fear that it is doomed to disappointment.

The *Country Practitioner;* or New Jersey Journal of Medical and Surgical Practice, monthly, $2 50 per annum, Dr. E. P. Townsend, editor, published at Beverly, Burlington county, New Jersey, is the latest in the field. It is well "made up," well edited, and deserves success. The price is, like our present atmospheric temperature, altogether too high. It is *not* the "organ of Podunk University Medical Department."

BOOKS & PAMPHLETS RECEIVED.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By George Henry Fox, A. M., M. D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O.; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases, Etc., Etc., Etc. Forty-eight Colored Plates taken from Life. Complete in twelve Parts. Part I. Comedo, Acne (vulgaris), Lepra (tuberosa), Elephantiasis. Part II. Keloid, Rosacea, Psoriasis (nummulata), Ichthyosis (simplex). New York: E. B. Treat, No. 805 Broadway. St. Louis: Brown & Holdoway, 521 Olive st. $2 00 per part. Sold only by subscription.

DISEASES OF THE THROAT AND NASAL PASSAGES.—A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Œsophagus, Trachea, Larynx, and Nares. By J. Solis Cohen, M. D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest, in Jefferson Medical College, Philadelphia, Etc., Etc., Etc. Second Edition, Revised and Amended, with two hundred and eight illustrations. Large 8vo. pp. 742. New York: Wm. Wood & Co. 1879. St. Louis: Book & News Co. Cloth, $5 50.

ELEMENTS OF MODERN CHEMISTRY. By Adolphe Wurtz, Member of the Institute, Honorary Dean and Professor of Chemistry of the Faculty of Medicine of Paris, Etc., Etc. Translated and Edited, with the Approbation of the Author, from the Fourth French Edition, by Wm. H. Greene, M. D., Formerly Demonstrator of Chemistry in Jefferson Medical College, Philadelphia, Etc., Etc., Etc. 12mo. pp. 687, with 132 illustrations. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton st., Covent Garden. 1879. St. Louis: Book & News Co. Cloth, $2 50.

ATLAS OF SKIN DISEASES. By Louis A. Duhring, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia; Dermatologist to the Philadelphia Hospital, Etc. Part V. Scabies, Herpes Zoster, Tinea Sycosis, Eczema (vesiculosum). Philadelphia: J. B. Lippincott & Co. 1879. St. Louis: Book & News Co. $2 50 per part.

DISEASES OF THE INTESTINES AND PERITONEUM. By John Syer Bristowe, M. D., J. R. Wardell, M. D., J. W. Begbie, M. D., S. O. Habershon, M. D., T. B. Curling, F. R. S., and W. H. Ransom, M. D. 8vo. pp. 243. Illustrated. New York: William Wood & Co. 1879. Wood's Library of Standard Medical Authors. Sold by subscription only. $1 00 per volume.

POSOLOGICAL TABLE: including all the Officinal and the Most Frequently employed Unofficinal Preparations. By Charles Rice, Chemist, Department of Public Charities and Correction, N. Y., Etc. 16mo. pp. 96. New York: Wm. Wood & Co. 27 Great Jones st. 1879. St. Louis: Book & News Co. Cloth,

LONG LIFE AND HOW TO REACH IT. By Joseph G. Richardson, M. D., Professor of Hygiene in the University of Pennsylvania, Etc. 16mo. pp. 160. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: Book & News Co. Cloth, 50 cents. *American Health Primers, No.* 2.

ADDRESS delivered at the Thirtieth Annual Commencement of the Medical Department of the University of Georgetown. By Prof. Joseph Taber Johnson, A. M., M. D. From the Author,

Miscellaneous Notes.

SHEEPISH.—"But in my official capacity, as President of the American Medical Association, it is my duty as well as my pleasure to bring to the monumental shrine the ovations of the entire medical profession of these United States."—Dr. Sayre at the unveiling of the McDowell monument.

THE Minutes of the North Carolina Medical Society appear in full in the *North Carolina Medical Journal*, for June. It was well attended and the proceedings were of more than ordinary interest. The next meeting will be held in Wilmington, on the second Tuesday of May, 1880.

FOR POST-PARTUM HEMORRHAGE.—A student was "plucked" at Bellevue Hospital Medical College, in 1878, for giving the following answer when asked, in his final examination, "What would you do for post-partum hemorrhage?" "I would tie the post-partum artery." It is needless to state that he was "passed" by the learned faculty of another college the present year!

YELLOW FEVER.—One death is reported from Memphis. There is some difference of opinion among Memphis physicians regarding the nature of the disease in this case. The attending physician, Dr. Sim, stating that it was merely intermittent fever. There seems to be no reasonable ground for expecting a repetition of the fearful epidemic of last year.

THE industrious syphilographer of the Boston *Medical and Surgical Journal* has redeemed himself. In a late number of that old and valuable journal appears a full abstract of the article by Drs. Maury and Dulles, on Syphilis Communicated by Tattooing, in the *American Journal of the Medical Sciences* for January, 1878, to which we gently directed his attention some time since. Dr. Wigglesworth is a most industrious and discriminating "reporter," and we "take back" all the naughty things we said about that class of writers. They are very useful creatures.

FREE QUININE.—On the last day of its session Congress removed the duty on quinine. This amounted to about seventy cents per ounce. Unfortunately the duty of ten per cent. was not removed from cinchona bark grown in the East Indies. The American manufacturers of quinine have decided to cease making it. If this should be carried out, the consumers may not profit much by the removal of the protective tariff; in that event it is predicted that we would be left to the mercy of speculators in the foreign-made article.

JABORANDI IN MUMPS.—(Philadelphia *Med. Times*, May 24, from *Jour. des sci. med.* No. 3, 1879) Dr. Testa has treated five cases—four of them in one family. After free perspiration and salivation, there was a marked amelioration of the symptoms and the patisnts desired food. Next day the parotid swelling was much reduced, and in two days more the cure was complete. Dr. Testa thinks jaborandi acts by its hydragogue properties, that it may shorten the dise ıse and prevent metastasis.

PARACOTOIN.—Professor Baelz, of Tokio, Japan, has had striking success in the cure of malignant cholera by means of paracotoin. He administered, by hypodermic injection, two grammes suspended in equal parts of glycerine and water. In the only five cases in which he employed it the cure was prompt and thorough. The Japanese government has taken measures to provide a supply of the drug for use in any fresh outbreak.—Canada *Med, Record*, June '79.

VACCINAL SYPHILIS.—According to a recent decision of the Prussian court at Trier, Dr. Frederick Koenig, of Prüm, Sanitary Officer and District Physician, was mulct in damages to the amount of six hundred marks and costs for having inoculated a child with syphilis conveyed by vaccination. —*Anzeiger des Westens.*

Moral.—Always use the bovine virus.

HOLMAN'S fever and ague pad is composed of black spruce gum (*Abies nigra*) and camphor.—*U. S. Med. Investigator*(Hom.).

Home News.

Our Salaried Expert.—"Jane Gallagher, a woman who has been wandering about the streets for several weeks, partially insane, was arrested by the police and taken before Health Commissioner Francis yesterday. He pronounced her case a bad one, and she was accordingly sent to the Insane Asylum."—*Globe-Democrat*, June 8, 1879.

Our non-medical Health Commissioner having thus set himself up in the expert business, it will certainly be unwarrantable for the courts to require physicians to testify in cases of alleged insanity, in future, without allowing them suitable expert fees. The Health Commissioner has a handsome salary, exclusive of the ordinary perquisites of his office, and can hence afford to devote some of the energies of his "powerful intellect" to the service of the State without additional compensation. *His personal experience* must also count for something in qualifying him for the difficult position of medical expert in cases of insanity!

Quarantine.—New buildings have been constructed and the hospital is now well equipped for service should half a dozen cases of yellow fever appear upon the lower Mississippi. Several hundred refugees from Memphis have already arrived in St. Louis. *Now* is the time for our Mayor and Health Commissioner to display those exalted "executive abilities" of which we have heard so much. We shall look for the establishment of a sanitary cordon at an early date. No absurd notions of economy should prevent the immediate destruction, by fire, of the infected steamer "Edwardsville" and the officers' quarters at Quarantine. We sincerely hope that there will be no such nonsensical pretense of quarantine in St. Louis this year as was made last season. If yellow fever should break out in our city at an early date—happily there is no reason for fearing anything of the kind—it will be in order for our Health Commissioner to make another trip to Philadelphia! His absence, however prolonged, would not be without its compensations.

The school census, taken by the police, and, hence, trustworthy, develops an astonishing fact: a falling off of about *ten thousand* in the number of children between the ages of six and twenty-one years. It will tax the gigantic intellects of our sanitary statisticians to, we fear, an alarming degree to figure a population of over 500,000 from a basis of about 88,000 school children. The returns have been in the hands of the authorities for about a month, but, strange to say, there seems to be some reluctance to make them public. A revision of our mortuary statistics is now in order.

The heat of July has been greater than in the corresponding period of 1878. The Health Department has prepared to meet the occasion by providing plenty of ice water at the Dispensary, and ambulances to convey the expected victims of heat exhaustion thither in the shortest time possible. Happily but very few patients, one, at least, of remittent fever, have been submitted to the routine dispensary treatment.

We regret to record the death of Dr. J. M. Youngblood, which occurred early in June. Dr. Youngblood was a contract surgeon during the late war, and since has been a prominent practitioner and member of the medical societies of our city. He died from abscess of the liver, which was not diagnosticated before the autopsy.

We understand that a paper read before the State Medical Association by an alleged dermatologist has been withdrawn from publication in the forthcoming volume of Transactions. It will always be a mystery, therefore, how much of it should be in quotation marks and how much should be printed unornamented in this way.

LL. Ds. are as common now in St. Louis as mud or dust. The college(?) advertisements will fairly bristle with them.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, AUG., 1879. NO. 5.

Original Communications.

ON TRACHEOTOMY WITH THE GALVANO-CAUTERY.

Membranous Croup; Lime-Water as a Solvent of Croupous Membrane.

BY WILLIAM A. BYRD, M. D.

A great many physicians who have never seen the operation of tracheotomy greatly under-rate its dangers.

That accomplished surgeon, Prof. W. W. Dawson, of Cincinnati, recognizing the danger to the patient from such operators "rushing in where angels dare not tread," in a clinical lecture on "Bloodless Tracheotomy," in the *Hospital Gazette*, for June 14th, 1879, page 226, uses the following language when speaking of the dangers of the operation: "Following the guidance of your text-books, gentlemen, you will regard this as one of the simplest and most satisfactory operations in all surgery. You are told to make an incision through the skin, and then all that lies between you and the trachea is the cellular tissue and a few unimportant veins, through which you may cut with impunity; open the trachea and insert the tube or commence your search for the foreign body. This is a great mistake. There is no operation which the surgeon so much dreads. At least this has been my experience. You imagine the case is simple, the neck long, the patient lean, and expect to find easy access to a superficial trachea. After dividing the integument you cut into the cellular tissue, and to your surprise and horror you find the trachea low down and covered by a mass of veins, rendered thick, turgid, almost varicose, by the impeded respiration. You cut, tie and tear your way along, and when you hope to open into the trachea, find yourself at the bottom of a deep, bloody well, with a constantly-moving tube to open. It is for this reason that I have given up all cutting from the time of dividing the integuments until the trachea is reached. Then, too, I operate high up. If the isthmus of thyroid is in my way, I push it aside, if possible, and if I cannot do this, I double ligate and divide it. My incision is made into the first two rings of the trachea, thus avoiding all danger to the great vessels at the root of the neck."

Having had bleeding to seriously endanger the lives of my patients in several of the tracheotomy operations that I had performed, it was with no little pleasure that I read of M. M. Poinsot and Mauriac, (*Monthly Abstract*, May, 1877, page 225), using the thermo-cautery of Paquelin to divide the tissues. I find, also, (*Monthly Abstract*, May, 1878, page 223), that M. Verneuil had employed the galvano-cautery for the same purpose as early as 1872.

Although secondary hemorrhage has occurred after this mode of operating and has been urged as an objection to it, I believe that it is not liable to occur, or become formidable, if the high operation is performed and proper precautions are taken with the isthmus of the thyroid gland and

in the means to hold the wound in the trachea open.

The evening of April 6th, 1879, I was called to see Willie Gibbs, a bright little fellow, aged two years and four months. Found him with slight fever and an occasional croupous cough. Gave an emetic of turpeth mineral and left some quinine powders, one grain to be given every three hours, with inhalations every hour of lime-water atomized, also ordered a warm bath and paregoric in twenty-drop doses every hour until the restlesness should be relieved.

Somehow, although the symptoms were not of the most alarming nature, I felt that tracheotomy would be necessary and should have advised it immediately if it had been day-light. I have never yet seen a case of true membranous croup get well, and I think many of the reported cures with medicine have been cases where there has been an error of diagnosis. In every case where I have performed tracheotomy the improvement has been marked for a while, giving time for medication, which, failing, an easy, non-struggling death closes the scene.

Early in the morning of April 7th, I found the child becoming cyanosed and every way worse. Called Dr. M. F. Bassett in counsel. He decided with me that an operation was necessary, and that immediately.

I returned to my office for my galvano-cautery battery and instruments, and on my way called Drs. Jacob A. Wagner and Edward Montgomery to assist us.

The child was placed on a table, chloroform administered, and with the heated loop I made an incision through the skin and cellular tissue over the cricoid cartilage, exposing the trachea and the isthmus of the thyroid gland, I then opened the trachea with a curved bistoury. When opening the trachea I accidentally cut one of the superior thyroidal arteries, which caused some hemorrhage, which was speedily checked by ligating on either side of the cut, including the isthmus in the ligatures.

I tried to hold the wound in the trachea gaping with metallic ligatures, as recommended by Dr. Henry A. Martin, of Boston, and as used by myself in a successful case of tracheotomy reported in the Philadelphia *Medical and Surgical Reporter* for Dec. 14th, 1878, but the wound was so deep, and the child rapidly becoming moribund, I inserted a silver tube instead. By this time the child was apparently dead, but we quickly inverted the body and Dr. Bassett injected a drachm of whisky under the skin of the thigh, which acted almost instantly, causing him to become conscious, with the breathing much easier than before the operation. The operation was finished at eight o'clock, A. M.

A spray of lime water was thrown through the tube every fifteen minutes or half an hour, according as the breathing became labored. Internally, he was given a solution of chlorate potassa every hour with one grain sulph. cinchonidia every three hours. For nourishment, Valentine's meat juice was given, as he would not take milk.

No membrane was detached or extracted at the time of the operation. Occasionally, afterwards, bits half as large as the finger nail would be coughed up through the tube. About four o'clock in the afternoon, while Dr. Montgomery was watching—he and Dr. Wagner very kindly watched the case turn about with myself after the operation—the breathing became so obstructed from detached membrane blocking the tube that the Doctor took the tube out to clean it, and finding some difficulty in replacing it, sent for Dr. Curtis, whose office was just across the street, to assist him in returning it. The Doctor kindly came, but Dr. Montgomery had suceeeded in replacing the tube before his arrival.

Returning shortly after this I found the tube again becoming occluded and took it out and divided the next lower ring

of the trachea, to enlarge the opening, and inserting a pair of forceps in the trachea, seized and withdrew a piece of membrane about three inches in length, being a complete cast of the trachea and the beginning of the bronchial tubes. I threw it in a large basin of water and kept it there for nearly two hours, during all of which time it remained tough and apparently unchanged. I then placed it in about a tablespoonful of lime water, when in ten minutes it was thoroughly dissolved, the water looking like thin brownish gray soup.

After the removal of the membrane the symptoms became better, until towards morning, when, becoming worse, the spray was more freely used, thus causing the cough to increase and the washing of the membrane by the succussion of the cough causing the lime water to flow back and forward over it, dissolved it, and procured the expectoration of quantities of the solution, resembling in every way the solution formed by dissolving the membrane outside the body.

Before the withdrawal of the membrane the breath had a very fœtid odor which disappeared afterward.

The spray gave relief for awhile, but in the forenoon he showed greater evidence of septicæmia and he died comatose at 1 P. M.

Although the child had never seen me before I was called to see him for this sickness, he received such relief from the operation that he was unwilling to have any one else hand him a drink or do anything else for him when I was in the room, after the operation, until within a few hours of his death, when he turned to his mother for everything.

Tracheotomy with the galvano- or thermo-cautery when properly performed is undoubtedly almost bloodless as those who introduced it claim for it. It also leaves a gaping wound easy to introduce the tube through, and the divided surfaces present an eschar as a barrier to the absorption of septic matter and as a preventive of the formation of membrane upon the wounded surface, in which it is superior to any other operation.

For the extraction of foreign substances or where there is no membrane forming; as in membranous croup or diphtheria, Prof. Dawson's operation would perhaps be preferable.

The greater number of prominent surgeons I have conversed with upon this subject prefer the high operation, as it avoids danger to the large vessels at the root of the neck, especially in those rare cases where they cross the trachea high up.

Dr. Prince, of Jacksonville, operates high, double ligating the isthmus, and dividing between the ligatures both isthmus and trachea, excising a semilunar piece from one side of the tracheal opening, tying the ends of the ligatures behind the neck to hold open the tracheal wound; in other words, performs Brainard's operation.

This mode of holding the wound in the trachea open, or that of Dr. Henry A. Martin is superior to the use of the tube, in that the tube cannot become clogged with detached membrane or mucus, thereby endangering the life of the patient as it did in this case, nor can it cause ulceration into the large vessels at the root of the neck causing fatal hemorrhage, as in a case reported in the London *Lancet*, American reprint, for May, 1879, page 298, by Mr. H. Royes Bell. Neither can the trachea fill up with granulations above the opening, as sometimes happens when the tube is used.

It cannot now be urged that the cautery can only be used in large cities or hospitals, since batteries are made so compact and portable that one with the necessary fluid, and other requisites can be put in a small wooden valise and taken any distance, over almost any kind of a road. It does not take five minutes to unpack the instrument and get it in good working order.

QUINCY, ILL., July, 1879.

RHUS GLABRUM.

BY H. C. BARNARD, M. D.

I propose, with your permission, to give my experience in the new uses to which I have put this old remedy—new, at least so far as my information extends. I will only mention some of the various diseases in which I have successfully employed it, before I report the cases that more immediately are the cause of this communication. I am constantly in the habit of using it in leucorrhœa, gonorrhœa, infantile diarrhœa, nasal catarrh, etc., while I know of no remedy superior to it in colliquative sweats, or a cold inactive skin, with or without rigors.

Observation of its effects had led me, theoretically, to believe it might be of use in diabetes, and for months I patiently waited my chance, and the results have seemed so wonderful, I will, from my note book, give my experience with it in this disease, that others who have greater opportunities, may correct or confirm me.

CASE I.—April 8, 1879, called to see Mr. W. S., aged seventy-four years. Had been under homœopathic treatment for six weeks without relief. Has fever all the time, but higher each evening; very much reduced; could get up, but felt disinclined to do so; pulse 135, hard and irregular; tongue large, slightly furred and looked as if scalded; skin dry and cold; is passing six quarts of water in twenty-four hours, is up every two or three hours day and night for this purpose; great thirst, little or no appetite; complains of a sweetish taste; is very drowsy and irritable; bowels constipated, have not moved for four days; urine gives evidence of plenty of sugar. Diagnosis, diabetes mellitus. Prescribed tinct. iron, cathartic pills at night, to be repeated in morning if needed; also the following:

℞ Tinc. verat. vir. - - - f ℥i;
Ext. rhus. glab. fl. - - f ʒss;
Aquæ - - - - - - - - f ʒijss.
M.

Ordered a teaspoonful four times a day. Gave directions as to diet usual in such cases. April 12, saw him. Is feeling better, up and around, eats well, bowels moved freely, but little fever; tongue slightly coated, and shows more color; not so much thirst; passes only one quart of water in twenty-four hours, not up at night at all; fells stronger; mind clear and no stupor; pulse 80, full and soft, skin warm and not so dry. Continued treatment for ten days longer, when he pronounced himself well and quit treatment. Has remained in good health to date.

CASE II.—Mr. I. B., aged sixty-nine consulted me about having to pass so much water, being up often at night for weeks; had pains in back and head, was weak, no appetite, bowels costive, felt dull and was greatly emaciated. Did not analyze the urine, but put him on same treatment omitting the verat. virid. Called in a week for more medicine. Claimed he was much better, and in one week more was dismissed well.

CASE III.—Young man, twenty-eight years old, had been in feeble health for some time, and who, after several weeks of treatment with but slight improvement, called my attention to the fact that he had to get up several times at night to pass water, and that he passed more than a gallon in a day and night. Urine contained plenty of sugar and left no doubt as to the trouble.

℞ Ext. rhus. glab. fl. - - f ʒss;
Aquæ - - - - - - - - ʒijss.
M.

Teaspoonful four times a day. Under this treatment he rapidly recovered and pronounced himself well in three weeks.

In none of these cases was any other remedy used, and although the time elapsed is too short to make them of much value, none have had any return as yet.

CHARLESTON, ILL., July, 1879.

NOTE ON LIQUOR POTASSÆ BROMO-ARSENITIS.

BY LOUIS BAUER, M. D., M. R. C. S., ENG., ETC.

Many years ago, not less than thirty, I met with the recommendation of an eminent physician of Frankfort on the Maine (Dr. Clemens) of the above named preparation in some German medical journal. Dr.

Clemens spoke of the virtues of this perfect chemical combination in the highest praise, particularly in nervous affections, as a preventive of intermittent fever and as a valuable remedy in chronic diseases of the skin, without specific character. I was so favorably impressed with the commendation that I have ever since used it in preference to Fowler's solution, and with results fully satisfactory in suitable cases.

The making of this preparation takes several days. In the beginning it is colored yellow by the excess of bromine present. It gradually clears to a perfectly white liquid, and is then much more agreeable to the taste. Its maximum dose for adults is five drops, and these should be diluted in a tumblerful of water and taken at the end of a meal, upon a full stomach, three times a day. As soon as gastric irritation appears the dose should be reduced or the use of the remedy suspended for a few days, to be resumed in smaller doses, and gradually increased.

Heretofore Messrs. Chas. Habicht & Co. and A. A. Mellier, of this city, have kept this preparation at my disposal. In order that physicians and druggists at large may have the benefit of so excellent a remedy, the formula for its preparation is herewith presented:

℞ Potassæ carbonatis.....
Acidi arseniosi.....*aa* ʒj;
Coque cum aqua destillata f ʒviii; ad perfectum solutionem, refrigeate, adde aquæ destillata q. s. ad remanantium f ʒxii, et adde gradati brominii f ʒii. D. S.—The mixture should be protected from the light and kept in a cool place.

519 Pine street, St. Louis.

[Note.—We have observed excellent results from the use of this preparation, and would commend it to the profession. In chronic malarial affections, especially those in which the nervous system is involved, we have reason to believe it will be found of peculiar efficacy. We shall be glad to publish results obtained in our columns.—Ed. Record.]

Clinical Reports.

NARCOTISM FROM NUTMEG.

BY WM. H. BARRY, M. D.,
Ex-President Arkansas State Medical Association.

Mrs. N., aged thirty-eight, mother of four children, was confined on Sabbath morning, June 29, 1879, at nine o'clock. The child was a girl, and the largest I have ever seen; weight fourteen and one-half pounds. Labor natural and easy. Had a light spasm after the last pain. The spasm was hysterical. On the 30th the "old women" persuaded her to take nutmeg tea. One and a half nutmegs were used in making the tea and she drank it during the day.

About ten P. M. she began to get drowsy. By four o'clock the next morning she was in a profound stupor. At ten A. M. the narcotic effects of the nutmeg began to die out, and by four P. M. she had pretty well recovered. The symptoms were about the same as those produced by opium and the remedies were the same.

I mention this case for the reason, that nutmeg are in such general use as a condiment, that we may lose sight of their dangerous narcotic tendencies. In twenty-one years' practice I have never seen such a case before, and if I had ever known that the nutmeg possessed such properties, it had completely escaped my memory, and for fear some of our numerous professional brethren may be in a like condition, I have deemed it proper to mention this case.

Little Rock, Ark.

REMARKABLE SEQUELÆ OF FRACTURE OF THE RIBS.

BY BENJAMIN WOODWARD, M. D.

In the year 1854, Mr. P. C. F. was a hale, vigorous man, acting as sheriff of Wyandott county, Kansas. He was thrown from his horse, which fell on him, breaking three ribs, the fifth, sixth and seventh.

The fracture of the fifth was two inches from the sternal cartilage, those of the sixth and seventh were two inches behind or posterior to that of the fifth. Though able to attend to his office, he suffered from pains in the side till 1874, when I first knew him. Since that time he has had more or less dyspnœa with the pain in the side, but continued to attend to business for the railroad, which employed him till about three weeks prior to his death, which took place in May, 1879. The last few days he suffered exceedingly from spasms of the heart and dyspnœa.

By the courtesy of Dr. Hamil, his attending physician, I was present with others at the *post-mortem* examination the day after his death. Upon removing the sternum, the heart *in situ* seemed to cover nearly the whole of the anterior portion of the chest. The pericardium contained nearly or quite a pint of serum. The ascending aorta was enlarged to rather more than two and one-half inches in diameter; the pulmonary artery was also greatly enlarged. Attempting to remove the heart, it was found to be bound down by fleshy growths to the costal pleura, and the left lung was also adherent so that it had to be torn loose. Neither of the lobes of the lungs was diseased to any great extent. The heart was nearly double its normal size. The mitral and tri-cuspid valves were shrunken and hard. Laying open the ascending aorta, its walls were found thickened, soft, and seemed nearly ready to give way. As I passed my hand into the thorax to raise the lung and heart, it came in contact with what felt like a bony arch starting from the ribs, and its convex surface directed upward pressing the heart and lung up towards the anterior aspect of the thorax, and to which the left lobe of the lung was adherent by a strong fleshy growth. After the contents of the thorax were removed, this arch looked like false ribs inside the natural ribs, and it was found to have started from three ribs, the fifth, sixth and seventh, at the points where they had been broken, and in order to remove it the ribs were cut through above and below. The growth was also adherent to the spinal column, and was about five inches long and from an inch at the anterior end to two inches wide where it was adherent to the spine.

It was found that the ribs, where they had been broken, had united and healed completely so that the growth was an exostosis. The whole of the concave surface was filled with a hard, fleshy (or rather tending to cartilaginous) growth. It is impossible to describe the shape, for it was irregular, not only in outline, but in thickness.

Here was a complete explanation of the dyspnœa and of the severe spasmodic pain in the heart, and doubtless the pressure against and beneath the heart caused the thickening and enlargement of the aorta and pulmonary artery, as well as the destruction of the valves.

Dr. Lester, of Kansas City, who assisted at the autopsy, has the specimen. It is by the kindness of Dr. Thos. Hamil, who attended Mr. F. and conducted the *post mortem* examination, that I am allowed to report it for the CLINICAL RECORD.

OLATHE, Kansas.

Translations.

(Translated for the Clinical Record.)

OSTEOMYELITIS.—This subject continues to occupy the attention of European surgeons. Professor Theodore Kocher, of the University of Berne, is the latest essayist on this topic.* His article is diligently elaborated and comprises in great completeness every point of interest connected with this remarkable disease. In addition to a careful compilation of the labors of previous investigators and a most valuable clinical analysis, he furnishes the results of

*Deutsche Zeitschrift der Chirurgie, Bd. xi. Heft. 3 & 4. Leipzig, 1879.

a series of pathological experiments instituted by himself with a view of artificially exciting acute osteomyelitis in dogs and obtaining points of comparison. It needs scarcely to be stated, that the experiments were made with due precaution; with materials supposed to be at the causal foundation of this disease, namely: organic substances in a state of putrescence and charged with micro-organisms in abundance; with proper instruments and in susceptible localities (epiphyses of cylindrical bones).

The effects thus produced were, however, negative, with the exception of one case, in which the dog had been likewise fed with the same material. In this instance, marked pathological changes were evoked, such as belong to the highest grade of acute osteomyelitis, familiar to the professional reader.

[TRANSLATOR'S NOTE.—This is all very well, but when Prof. Kocher treats us at last to a dish of his therapeutical views, we are unable to "stomach" it.

It appears that Listerism has completely deranged the fundamental principles of surgery of the author, when he ignores the solid maxim of "*ubi pus ibi evacua*," allows his cases to run rampant through their stages and at last suggests the total exsection of the *interesting pathological specimen*.

Few cases of osteomyelitis will arrest themselves of their own accord. Unless a free outlet is given to the intra-osseal infiltration and morbid products by the trephine, the disease will, as a general rule, progress to its bitter end, gradually involving the bone, the periostium and the surrounding soft parts, and thus placing life in jeopardy. If the diagnosis is clearly established, we do not know what can possibly be gained by procrastination of so harmless an operation, which at once relieves the internal pressure and allows the escape of transuded and necrobiotic material, besides, all those most aggravating symptoms, that torture the patient and reduce him to a skeleton in a comparatively short time, are removed.

Verily, it is bad enough if we are forced to cope with so advanced a destruction, as *un fait accompli*, but to bring it studiously about seems to be indefensible.

But the author does not stop here. When the entire extremity has become extensively diseased and matter has burrowed in every direction, then he resorts but to aspiration or simple incision for fear of "grave infection and sepsis."

Again Banquo's ghost sits in a mist of carbolic acid on the professorial chair.

Comparing the modern therapeutical maxims advanced by men like Prof. Kocher *et alias*, with those of our surgical ancestry, we are in the dilemma either of apprehending something radically wrong and subverting in Listerism, or of looking upon our sires as little better than whippers-in of the undertaker.—LOUIS BAUER.]

MEMORY.—(*Le Progrès Médical*, 19 July, 1879) M. Delaunay read a communication upon memory studied under diverse biological conditions, at the session of the Biological Society of Paris, of July 12th. His data were derived from teachers, tutors, professors, examiners and theater prompters.

The inferior races of men, Negroes, Chinese, etc, have more memory than the superior. The primitive races, who do not know how to write, have an incredible memory, and for centuries transmit in this way hymns more voluminous than the Bible. Prompters and professors of declamation know that women have more memory than men. French women learn foreign languages more quickly than their husbands. Adolescents have more memory than adults. Memory is greatly developed in children, attains its maximum at fourteen or fifteen years, and then decreases. Feeble, lymphatic individuals have more memory than the vigorous. Collegians who, in the higher classes, obtain the prizes

for memory and recitation, take these only. Parisian students have less memory than those from the provinces. At the normal schools, at Val de Grâce and elsewhere, those students who have the best memory are not the most intelligent. Memory is more developed in peasants than in denizens of cities, more in ecclesiastics than in the laity. Memory remains intact in diseases of the left lobe of the brain, and is greatly affected in those of the right lobe; which proves that the right lobe has more memory than the left.

From a physiological point of view, memory is diminished by alimentation, by physical exercise and by education in the sense that the illiterate have more memory than those who know how to read and write. We have more memory in the morning than in the evening; in summer than in winter; in hot countries than in cold climates. Hence, to a certain extent, memory is in inverse proportion to nutrition. Moreover, it is in inverse proportion to evolution, for it is at its maximum in individuals little advanced in evolution: inferior races, women, children, the feeble, in the right lobe of the brain. In conclusion, according to Mr. Delaunay, there is an evolution of memory which is at first sensorial or verbal, and, finally, intelligent; but memory, properly speaking, diminishes in the course of this evolution.

DILATATION OF THE HEART FROM DIGESTIVE TROUBLES.—(*Journal de méd. et de chir. pratiques*, July, 1879) M. Potain frequently lays stress upon a cause of cardiac palpitation and even of dilatation which often passes unperceived or is misconstrued; this is simple dispepsia or rather an affection of the liver and stomach. In fact, in dyspepsia the symptoms may be manifested in the way of the innervation of the pneumogastric, and determine dyspnœa and palpitation. The dyspnœa is often accompanied by the so-called gastric cough, and is, most often improperly, attributed to the distension of the stomach. The true causation belongs to a certain degree of irritation of the pneumogastric which leads often to palpitation likewise. These palpitations of dyspeptic origin are, perhaps, those that we have occasion to observe most often; they are even sometimes accompanied by cardiac dilatation, a dilatation in fact, that may be met with whenever the stomach or liver is affected. M. Potain has observed numerous examples of this. A woman is now in his service who has a persistent gastric derangement, she complains especially of palpitation and oppression. A considerable dilatation of the heart may be demonstrated to exist in this case, a dilatation that appears to be caused by the gastric trouble and which will probably disappear with the latter. This fact has a great importance, for the case ought to be treated as one of gastric derangement, while if we give digitalis we shall only aggravate it. In another patient the same symptoms are found related to hypertrophy of the liver; the heart being voluminous because of the dilatation of its right cavities; there is no valvular affection. On the other hand, the lungs are perfectly healthy and in no way connected with the cardiac dilatation. Hence, it must be admitted in these cases that the diseased liver, like the stomach, reacts upon the functioning of the right heart and operates in this way.

Correspondence.

"*THERMAL-PARESIS.*"

Editor St. Louis Clinical Record:

DEAR DOCTOR:—I desire to thank you for your courteous and candid review. There are a few points presented in it, however, which, it seems to me, require a reply. If a reading of the book gives the impression that the writer is "an enthusiast" in the sense of hobby-riding it is both incorrect and unfortunate. Any unusual

earnestness that may be displayed springs from a profound conviction of the truth (or at least a close approximation to the truth) of the positions advanced. In regard to the question of a "heat-regulating center" it is stated "the heat of body being regulated most probably through the sweat-center of Nawroki, etc." The sweat-centers and the process of sweating are a part of the heat-regulating mechanism, affecting its elimination from the body, reducing its temperature. When there is a low atmospheric temperature this process is not required, but its opposite, increased heat generation. Now, it is admitted that there are sweat centers, cooling centers, and it can also not be doubted that there is increased heat production under certain conditions,* ex. qr. in derangements of the spinal cord, irritation of the cervical sympathetic, and also, in cold weather. It is surely not probable that this increased heat-production is a haphazard matter, without any control or regulation. The vaso-motor, respiratory, trophic, sweat, and temperature centers are no doubt associate or correlate centers. The new term was coined in the hope of impressing, more fully, the views of the writer upon the mind of the reader, and for the purpose of clearing the mind from the idea of a specific material poison. When the conception of the views advanced shall have become complete the new terms may not be necessary. It is, however, difficult to dissociate an old definition from its term and adopt a new one in its place.

It is maintained that "high solar heat long continued" is alone sufficient to produce paresis (See page 40).

Reverse excitations, hot to cold and cold to hot, when sufficiently continued to make full impressions, excitations, no doubt, produce the paresis more surely and promptly.

The fact of free pigment granules in the blood, spleen, liver, etc., is given as an objection to the heat theory. Since free pigment, altered hæmoglobin hæmatoidin is *a product of disease and not a cause of a primary disease*, its *occasional* presence in the blood in the so-called malarial diseases cannot be held as an objection to the theory of heat paresis.

The formation of hæmatoidin in scurvy, exophthalmic goitre, bronzed skin disease and many other affections is no doubt due to the same cause as in the malarial diseases. It is well to bear in mind that many cases of the disease in question occur without any blood pigment, and that when pigment is found it frequently continues present long after all malarial symptoms have abated, and that there may be melanæmia without developing any symptoms of malarial disease. "All true pigments are derived from the coloring matter of blood." Mechanical congestion and stasis with deranged innervation of the vessels is no doubt an important factor in the production of pigment.

"There have been no chemical compounds discovered * * * that do not occur in the progress of other diseases" (page 72). It is safe to go further—there has not been anything found in the blood of malarial patients that is not found in other diseases (See Ziemssen's Cyclo., Vol. II, pp. 582, 586, Oldham and others). Prof. J. K. Mitchel (whose memory I reverence as one of my teachers), probably the original promulgator of the cryptogamic theory, did not undertake to specify the kind of micro-organism which he supposed to be the cause of these diseases.. It was to him the most plausible theory. But since the discovery of the fact that algæ and their spores are extremely common in many localities where the malarial diseases are unknown, and so also of fungi and their spores, and since these micro-organisms have been, purposely and accidentally, many times, introduced into the system without producing these diseases, the time

* See Bernard, Brown-Sequard, Hanfield Jones Ott, Fothergill, also Ziemsen's Cyclop. Vol. II, p. 632, Vol. XIII, pp. 127, 128, Vol. XIV, 85 to 99, and Vol. XVI, pp. 235, 237.

has arrived when the theory of "cryptogamic spores" as the cause of malarial diseases must be abandoned. Dr. Hammond refers, approvingly, to the experiments of Lanzi and Terrigi; in regard to these experiments it is certainly enough to know that the experimentors were not attacked by malarial disease from their pet spores. Dr. H., also, very strangely overlooked the fact that pigment granules and cells are very commonly found in abscesses; in fact, whenever there is stagnation and extravasation of blood, whether the patient had ever suffered from malarial disease or not.

The statement that "the Rocky mountain fevers are due to the use of melted snow and ice holding in suspension or solution quantities of organic matter," may be, to some extent, misleading. It surely will not do to consider this as proof that the fever is due to the *organic matter*. It is undeniably the fact that a great many persons, in various quarters of the globe, take the organic matters in question into their stomachs without experiencing any *malarial* diseases. Is the evil result not owing, rather, to the temperature of the water drank, and certain climatic influences.

CHARLES T. REBER.

SHELBYVILLE, Ill., July 28, 1879.

ARKANSAS MEDICAL COLLEGE.

Editor Clinical Record:

You ask about our "new medical college," and presume that the "rival professional factions have coalesced, the new swallowed up the old, and that Jonas and his little affair with the whale is nowhere."

Who can say why it should not be so? The Good Book says, "the first shall be last and the last shall be first." As to deglutition, or process of swallowing, it is a question of chance as well as muscular effort anyhow. Jonas went overboard on the wrong side of the ship, and he was as much to blame for being swallowed as the whale for swallowing. But perhaps he would have been justified in indulging enough egotism to say, that the whale had reason to be proud of the contents of his stomach. President James K. Polk, in his palmy days, was unsurpassed in repartee. Once his political opponent threatened to swallow him, and his rejoinder was, "Your waist-band will encircle more brains than your hat-band."

Whether this be true of our doctors or not, they would be excused in such dilema for taking that "sweet unction to the soul." But there is one history of swallowing to which our exercises cannot be likened. That is where Aaron's rod had to be turned to a serpent before it could gulp down the neighboring snakes. Nothing like that in this transaction. The actors, both passive and operative, are professional and social gentlemen of the highest order, and endowed with all the facilities for running a first-class medical college, and Little Rock is a most eligible location. True it requires a large sum of money, extensive patronage and experienced professors to insure the best success, but we can have all these. President Hooper and his coadjutors are men of large experience and fine attainments, both professional and literary, and it is expected these qualities will be backed by State and National aid. We want a first-class medical college or none. One hundred thousand dollars will start it. Ability, energy and patronage will keep it going.

There are two questions that may operate against the movement while in its incipiency. One is the selection of all home professors, located at Little Rock. This may engender a spirit of envy in other sections, but it can be remedied when experience proves its necessity. The other is the jealousy that may grow out of the difference of swallowing and being swallowed. Hudibras says the "pleasure is as great in being cheated as to cheat." But

who can say that of the swallowing process? We fear there will be jealousy.

"In every age and clime we see,
Two of a trade can ne'er agree;"

and

"No author ever spared a brother,
Wits are game-cock to one another."

There is an old Irish proverb:

"Hold the bone and the dog will follow,
But give him the bone, he'll gnaw it and wallow."

But the meat on the bone is a notable question. When the college announcement was made some thought it a joke, but when it proved to be a reality, the question arose as to how to calm the rival factions. About nine professorships were settled on opposite faction leaders. Then supernumerary lecturers were constituted of the remainder, who thought it an enticing bait. These may find more evanescent flavors than meat on the bone, and may flutter in the whale's stomach after they are swallowed. But what good will that do, for who knows any emetic to make a whale disgorge? The ejection of Jonas was by superhuman intervention. No promise of that sort any more. The captive now may study this lesson from the Prisoner of Chillon:

"It was at last the same to me,
Fettered, or fetterless to be,
I learned to love despair."

But after all, sir, we will have a medical college—a good one. No use sending off for meal when we can have a mill at home, or sending patients away for mercurial inunction; and still less for sending our talented young men abroad for extra brain polish, for it can all be furnished at our own fountain-head of knowledge and supplies. * * *

LITTLE ROCK, July 30, 1879.

Extracts and Abstracts.

TINEA IMBRICATA.—We have received from Shanghai, China, through a friendly source, the 16th issue of "Medical Reports," published by order of the Inspector-General of the Imperial Maritime Customs, for the half year ending 30th Sept., 1878. This contains information regarding disease among the foreign and native inhabitants of Amoy, Chefoo, Tamsui, Kelung, Chinkiang, Hankow, Swatow and Shanghai, made by the medical officers there stationed and edited by Dr. Alex. Jamieson, of Shanghai. In addition, there are notes on *Tinea Imbricata*, a hitherto undescribed form of ring-worm, by Dr. Patrick Manson, of Amoy; this we purpose abstracting for the benefit of our readers:

Dr. Manson disputes the correctness of Tilbury Fox's views regarding the identity of all the varieties of body ring-worm. He asserts that he has conclusive proof that there are at least two species, and that *Tinea imbricata* differs from *T. circinata*, not alone in clinical characters, but that they are different under all circumstances and wherever found. In the new species, the epidermis is arranged in a series of many lines, lying parallel to each other, presenting much the same appearance as the ringed surface of a cross-cut log of wood. This is found to be produced by an undermining of the epidermis, giving rise to long flakes, about one-eighth of an inch in breadth, the free edge of the scale being directed towards the center of the circle about which the wavy lines seem to arrange themselves; while the convexity of the scale remains firmly attached. If the hand is passed over the surface from the circumference towards the center of the circles, the scales are smoothed down; if in the reverse direction, they are raised up and stand out prominently, defining the outline of the rings very distinctly. The scales are firmly adherent at their outer edges, but by using a little force they can be peeled off, the flake becoming thinner, softer and more delicate as we proceed from its original attachment until it is completely separated. The rings are from one-eighth to one-fourth inch apart, some are quite regular in their outline for five or six inches in length, while others are interrupted at intervals, and more or less irregularly convoluted. The entire skin of the body, except where thickly covered with hair, seems to be liable to invasion of the disease. The hair of the eyebrows and of the occiput, when these parts are occupied by the scales, appears to remain perfectly healthy. Though rough to the touch from desquamation, there is no thickening or effusion into the corium.

Here and there, after the affection has been of long duration, patches of leuco-

derma appear; the disease seeming to have exhausted the material which supported it disappears, not to return.

Under the microscope the differences between the appearances of the fungus of *T. imbricata* and that of *T. circinata* are easily seen. In the latter, the fungus elements are not easily found, while in the former they are found in enormous abundance. In *T. circinata* the mycelial threads spring from deep in the skin and wind in and out amongst the superjacent layers of epithelium; the seat of the new species is undoubtedly in the non-vascular rete malpighii, or deeper layers of the epidermis; the former affects the vascular corium and its hair follicles, which are left untouched by the latter. This position of the disease accounts for the absence of color in the skin just traveled over by the disease, and the presence of leucodermic patches in those parts that have been longest affected; and the subsidence of the disease where the skin fails to reproduce its pigment layer.

Dr. Manson recites several experiments in which he inoculated the same person with both varieties of tinea, and each pursued its typical course.

The new species seems to have a very limited geographical area; all his cases save one having been at one time or another in Straits of Malacca or islands of the Malay Archepelego. After it is once contracted, it persists in cooler climates.

He believes that this is the the connecting link between *chloasma* and *T. circinata*, it occupying an intermediate position in the skin and in the facility of production between these two diseases.

The Mongolian immigration may bring this disease among us, where it must be easy of recognition if the points alluded to above are remembered. Iodine applied externally seems to be the proper treatment.

Toxic Effects of Tea.—Dr. Wm. J. Morton describes, in *Neurological Contributions*, No. I, a case of considerable interest. The patient was a tea broker, aged about thirty years, sallow and thin in flesh, but apparently in good health. He was also a "tea taster," as his business required.

"Tea is 'tasted' in the form of a simple infusion. An amount of the tea to be pronounced upon, equal in weight to a silver five-cent piece, about 15 grains, is put into a small cup, and hot water is turned on to it. Having noticed the behavior of the leaf in water, the aroma in the steam, and a few minor particulars, the 'taster' takes a full mouthful of the liquid and holds it in his mouth, repeating the process until his opinion as to its quality is formed. Some tasters swallow the tea and some spit it out." The patient in question thinks he takes about half a pound of tea each day, and has been engaged in the business for about eight years. The immediate effects upon him are as follows:

"In about ten minutes the face becomes flushed, the whole body feels warm or heated, and a sort of intellectual intoxication comes on, much the same in character, it would seem, as that which occurs in the rarified air of a mountain. He feels elated, exhilarated, troubles and cares vanish, everything seems bright and cheerful, his body seems light and elastic, his mind clear with a great flow of ideas, and he has found from experience that the workings of his intellect are really more clear and vigorous than at any other time. This is not a delusion on his part, for at this time he can 'talk a man over,' and make a more advantageous bargain than at others. At the end of about an hour's tasting a slight reaction begins to set in, some headache comes on, the face feels wrinkled and shrivelled, particularly about the eyes, which also get dark around the lids. At the end of two hours this reaction has become fully established, the flushed or warm feeling has passed off, the hands and feet are cold, a nervous tremor comes on accompanied with great mental depression, and he is so excitable that every noise startles him; he is now in a state of complete unrest and mental exhaustion. He has no courage to do anything, he can neither walk nor sit down owing to his mental condition, and he settles into a complete gloom. His body in the meanwhile does not feel tired. Copious and frequent urination is always present, as also certain dyspeptic symptoms, eructations of wind, sour taste, etc."

"The above described immediate effects follow a single afternoon's tea tasting. They may be summed up briefly as excited circulation, intellectual intoxication with actual increased vigor of mind power, increased urination, then a period of collapse indicated by cold extremities, tremor, mental irritability and anxiety. It will be several days before this condition of affairs

is amended. At this time the temptation to take alcoholic stimulants is very strong."

Among the chronic effects, he enumerates headache, frontal and vertical; tinnitus; black spots or flashes of light before the eyes; vertigo; insomnia with hallucinations of sight; very troublesome dyspepsia; capricious appetite; and a peculiar mental condition.

The latter is characterized as follows: "He lives in a state of dread that some accident may happen to him; in the omnibus fears a collision; crossing the street fears that he will be crushed; watches the eaves of buildings as he passes along thinking a brick may fall and kill him, or a sign fall; under the apprehension that every dog he meets is going to bite the calves of his legs, he carries an umbrella in all weathers as a defense against such an attack. He is often afraid to enter his office for fear of being told that some one has failed; and in short, lives in a state of constant foreboding of some impending evil." There is some numbness of one leg, gait somewhat unsteady and sometimes the eyelids twitch. Dr. Morton has seen several almost identical cases, so that he feels justified in accepting the details of this one as presenting a clinical picture of tea-poisoning.

Wound of Cervical Sympathetic.—Dr. H. M. Bannister, of Chicago, relates the particulars of a case of this rare form of injury in the *Journal of Nervous and Mental Disease*, July, 1879. The patient, a policeman, aged forty-three years, while in the performance of his duty received a pistol bullet wound in the neck. A small ball entered on the left side of the neck, close to the anterior margin of the sterno-cleido mastoid muscle, between two and three inches above its lower insertion, and after passing backwards and a little downwards was lost in the tissues and never found. He suffered considerably from shock, but rallied well and under simple dressings, with occasional anodynes, the wound healed within a month and the man returned to duty. The only peculiar symptom noted at that time was a decided flushing of the left side of the face. This persisted, the skin appearing almost purplish at times. For a short time the right eye appeared more prominent than the left, probably from enophthalmus of the latter. The general health became impaired, the appetite poor, and in about four or five months after the injury there was a decided change in his general demeanor and disposition. He grew listless and careless, and yet subject to violent fits of anger upon very slight irritation. He neglected his duty and was discharged from the force. He gave evidence of delusions, had occasionally some signs of paralysis, and these symptoms increased so that about three and one-fourth years after the reception of the wound he was adjudged insane and committed to an asylum.

There is now some inequality of the two sides of the face, with increase of temperature on the side of the injury; enophthalmus and myosis of the left eye, reddening of the same side of the face; inequality of the pupils, and mental disorder characterized by a kind of grand delirium, with ideas of persecution and suspicion. These mental symptoms have never heretofore been described in connection with injury of the cervical sympathetic.

Treatment of Epithelioma of the Cervix Uteri.—Dr. J. Marion Sims (*American Journal of Obstetrics*, July, 1879) elaborately describes his operation for this affection; relates several instructive cases, including those operated upon in Vienna last year (which brought forth some ill-timed, mendacious comments from the correspondent of a Chicago journal), and fully illustrates the subject with carefully designed engravings. We have space only for the conclusions of this valuable paper referring the reader to the excellent journal for the article in full:

"1. Do not amputate or slice off an epithelioma of the cervix uteri on a level with the vagina, whether by the écraseur or by the electro-cautery.

2. Exsect the whole of the diseased tissue, even up to the os internum, if necessary.

3. Arrest the bleeding, when necessary, with a tampon of styptic iron or alum cotton-wool.

4. Be careful not to apply the tampon with such force as to lacerate the excavated cervix uteri.

5. When the styptic tampon is removed, cauterize the granulating cavity from which the disease was exsected with chloride of zinc, bromine, sulphate of zinc, or some other manageable caustic capable of producing a slough.

6. After the removal of the caustic and the slough it produces, use carbolized warm

water vaginal douches daily till cicatrization is complete.

7. After the cure, put the patient on the use of arsenic as a protection against the cancerous diathesis, and urge the importance of examination every two or three months for the purpose of detecting the recurrence of disease.

8. Then if fungous granulations or knobby protuberances not larger than a pea are found, lose no time in removing them; and treat the case afterward with caustic just as in the first instance.

9. Almost every case may be benefitted by operation, even when there is no hope of giving entire relief."

Dr. Sims gives credit to Dr. Reamy, of Cincinnati, for working out this method of operating independently, and publishing it about the same time. Dr. R. uses scissors, and often removes the entire growth in one piece; Dr. Sims always exsect the cervix piecemeal.

CURE OF HEMORRHOIDS BY THE HYPODERMIC INJECTION OF CARBOLIC ACID.—Dr. E. Andrews, of Chicago, who first gave the "secret of the itinerant pile doctors" to the profession, has recently made a most careful inquiry into the results obtained in the treatment, by this method, of over 3,300 cases, reported to him by about 300 physicians. He contributes his paper to several journals. He thinks that if the following rules are observed, treatment by hypodermic injection will be less painful than other methods and just as safe:

1. Inject only internal piles.

2. Use diluted forms of the remedy at first; and stronger ones only when these fail.

3. Treat one pile at a time, and allow from four to ten days between the operations.

4. Inject from one to six drops, having smeared the membranes with cosmoline to guard against dripping. Inject very slowly and keep the pipe in place a few moments to allow the fluid to become fixed in the tissues.

5. Confine the patient to bed the first day, and also subsequently if any severe symptoms appear. Prohibit any but very moderate exercise during the treatment.

He concludes that this mode of treatment is a valuable contribution to surgical knowledge, and that it will become one of the permanent operations. It is performed as follows: The pile is exposed and the anus smeared with an ointment to prevent smarting should any of the fluid happen to drop. The solution may vary in strength from one part of the crystalized carbolic acid to thirty of olive oil or glycerine, up to equal parts. A sharp-pointed hypodermic syringe is charged with this liquid and introduced. A few drops are thrown into the tumor, the instrument is held in position for a few moments before it is withdrawn. The pile turns white and may wither away without pain, suppuration or sloughing. Only one pile is treated at a time. About a week should elapse between sessions. Most cases suffer from sharp smarting sensations, which are, however, temporary. A few suffer intense pain. The majority are cured without interrupting the patient's business.

FATAL HEMORRHAGE FROM THE GENITAL ORGANS.—Dr. Thos. Kennard, of this city, reports the following remarkable case (St. Souis *Medical and Surgical Journal*, June, 1879): Dr. K. was called to visit a young woman at a hotel who was said to be bleeding, at twenty-five minutes to 12 o'clock, June 2, 1879. He saw her within three minutes; found her perfectly blanched, cold, and pulseless; heart-beats very feeble; respiration slow, irregular, labored and jerking; complained of great thirst; was very anxious and alarmed, and was very restless. Her underclothing, the sheets, blankets, bed-spread and mattress were saturated with blood, and clots were observed upon the wall-paper and carpet about the room. Dr. K. at once removed a large amount of coagulated blood from the vagina, and tamponed that canal with raw cotton closely and completely, applying a bandage to keep the tampon firmly in place. Brandy and laudanum were then administered. No hemorrhage recurred, but she rapidly grew worse and died at eight minutes past twelve o'clock—thirty minutes after she was first seen by Dr. Kennard. She died from syncope caused by eight hours continuous hemorrhage.

It was learned that she was seventeen years and eight months old, had always menstruated regularly, and had never had any symptoms of pregnancy, so far as she knew. She had been acquainted with the young man who called Dr. K. and who had been with her since ten o'clock, June 1st, for a short time only; she had been inti-

mate with him on several occasions and also with another man. About 4 o'clock, A. M., June 2, she had commenced flooding; all efforts to stop it had been unavailing. She positively denied that any instrument had been used upon her by herself or any one else.

The autopsy was made at 4:30 P. M., on June 2d. The body was completely blanched by loss of blood, and all organs were found normal. The womb showed no appearance of ever having been impregnated. The vagina was the only portion of the genital organs that showed any signs of having been injured. "A short distance within that canal, upon the right side, laceration of the mucous membrane was found, and near it, two smaller lacerations. Posteriorly, also, and near the ostium vaginæ, was another considerable laceration of the mucous membrane. There was marked ecchymosis of the subjacent and surrounding tissues. It is my opinion that some rough instrument had been passed up into the vagina by the parties concerned, or by some ignorant person with the view of bringing on the menstrual flow, because the girl had imagined that she was pregnant." He strengthens his opinion of the truth of his explanation by the following reasoning: No innocent girl would have allowed the bleeding to go on to such an extent without becoming alarmed and sending for a physician; such an amount of laceration of the vaginal mucous membrane, and effusion into the surrounding tissues could not have been produced by natural means; if the hemorrhage had been accidental and no violence had been used, how could the lacerations have been produced, and whence come the bleeding, as the womb showed no indication of having been injured? As he states, "the case was a very mysterious one and perfectly unique.

SACCHARATED EXTRACTS.—C. S. Hallberg, Ph. G. (Chicago *Pharmacist*, June, 1879) proposes the following process of preparing a saccharated extract of the same strength as a fluid extract:

Exhaust sixteen troy ounces of a crude drug; evaporate to a solid extract; carefully desiccate and mix same with sufficient sugar of milk to bring the whole when powdered to sixteen troy ounces.

During the operation the percentage of solid extract should be noted, and in the case of the more powerful remedies an estimation of its alkaloids resorted to.

He claims that they possess the following advantages over the ordinary fluid extracts:

Uniformity of strength; the percentage of active principles being ascertained, they are capable of being prescribed with great accuracy and precision. In all cases where alcohol would be objectionable, these extracts would be of the utmost value.

They possess many advantages over the ordinary solid extracts: They are stable at all temperatures and under all conditions; they will not swell, ferment or waste. They are always of a uniform and convenient consistence, and do not again become solid, as the ordinary powdered extracts do. Their divisability is always effected instantaneously, which is very desirable, as saving time and insuring accuracy in dispensing.

This form is adapted to filling empty capsules, and making compressed tablets; also to the making of troches of the milder remedies.

[The objections to this process are sufficiently obvious. They are the same as those which apply to the solid extracts in general. They may, possibly, be substituted with advantage for solid extracts, but *cannot* take the place of the fluid extracts. —ED. RECORD.]

SUSPENDED ANIMATION.—(*British Med. Journal*, June 5, 1879) In cases of drowning, hanging or fainting, the nitrite of amyl should always be administered (by inhalation by means of artificial respiration, we presume.—ED. C. R.). Dr. T. Lauder Brunton, to whom we have referred this suggestion, considers it a good one. He adds that in ascertaining death the nitrite of amyl might be used along with the cord-test, of tying a cord round the finger. If the circulation have entirely stopped, the part beyond the ligature never becomes any thicker; but if the circulation continues, however slowly, the finger-tip beyond the ligature will sooner or later begin to swell. —*Med. News and Library.*

ARSENIC IN DYSMENORRHŒA.—Dr. Lombe Atthill, in his recent "Clinical Lectures," advises from three to ten drops of Fowler's solution, which may be combined with ten-drop doses of tincture of digitalis, three times a day, between the periods. He has often obtained the best results from this treatment in painful menstruation.

ACONITE IN THE TREATMENT OF ACUTE INFLAMMATION.—Mr. Jas. S. Sparks (London *Practitioner*, March, 1879) claims that in many inflammatory affections the effects of aconite are marvelous, not only from the efficacy, but also from the rapidity of its action. He claims that it is capable of *aborting* inflammatory action, if prescribed sufficiently early. In pneumonia he says that if it is administered within a day or two after the symptoms are apparent enough to render the diagnosis certain—but, of course, the earlier the better—it will arrest the inflammation and effect a cure in from one to three or four days, the beneficial effects being manifest from the very commencement of its administration. He gives, to an adult, five minims of Fleming's tincture at first, and one or two minims every hour after, modifying the dose according to circumstances. To debilitated subjects it must be given with caution, its beneficial effects are no more, if so much, seen when it acts too powerfully. In quinsy he finds it exceedingly useful, both as an abortive and as a controlling or modifying agent. If given at its very beginning, it seldom fails to cut the attack short or abort it. He believes that after a time it reduces or removes the liability to quinsy in persons subject to periodical attacks of it. He finds aconite useful in fevers, especially in those of an inflammatory character, it reduces the temperature and produces a very soothiug effect from its action on the skin. In erysipelas, especially that form occasionally consequent on vaccination, he has seen the disease cut short in a few hours. In a common "cold" it gives relief at once. He gives it in the acute stage of gonorrhœa with marked benefit. It is contraindicated in inflammatory affections in which the temperature does not rise above the normal.

COLD AIR IN MEASLES.—(London *Med. Record*, May 25, 1879) Kaczarowski says (*Przelad Lek.*, Nos. 6 and 7, 1878) that cold air is one of the most efficient remedies in eruptive affections. He happened to discover this interesting fact by mere chance in the case of a small-pox patient who escaped into the court-yard on a cold winter's day. The next day the pustules, which were already filled with pus, were dried up. Another case is that of a man who, while suffering from an abscess on his thigh, suddenly took measles, accompanied by a troublesome feeling of itching and burning of the skin. He was carried into a room without a fire, and, within a few hours, the itching subsided, the eruption disappeared, and the patient recovered from the measles on the third day.

The author has also found that in gangrenous affections of the lungs, or in inveterate fetid catarrhs of the trachea, cold air is a very efficient remedy. He does not attempt to explain the fact, but says that he prefers cold air to cold baths in acute feverish affections.—*Monthly Abstract.*

[We have our doubts as to the affection described having been measles. Similar eruptions are not uncommon in connection with large accumulations of pus. The eruption of measles is not usually accompanied with itching, and does not disappear completely on the third day without leaving unpleasant sequelæ.—ED. RECORD.]

SHOCK.—Shock has been shown by Dr. Lauder Brunton ("The Pathology and Treatment of Shock and Syncope," *Practitioner*, vol. xi, page 241) to depend chiefly on dilatation of the abdominal blood vessels.

The most efficient cause of shock is traumatic injury of the abdominal viscera. A smart tap on the intestines of the frog, as in Goltz's experiment, almost annihilates the circulation by causing reflex dilatation of the abdominal vessels. The abdominal vascular area is so great that when fully dilated the abdominal vessels can accommodate nearly the whole of the blood of the system. In such case, even though the heart may continue to beat, little or no blood flows through it, and therefore the circulation is only not at a complete standstill.

The same cause also usually induces reflex stoppage of the heart, and thus we have shock combined with syncope or temporary annihilation of consciousness, but the syncope may pass off and the symptoms characteristic of shock continue

The accumulation of blood in the abdominal viscera is sufficient to account for the pallor of the skin and the other phenomena indicated, for though the other vessels might also be dilated, yet they would be drained of their contents.—Dr. D. Ferrier, in *Brain*, Vol. 2, No. 2.

NEW ELEMENTS.—Since 1877 the following new elements have been discovered: *Davyum*, discovered by Kern and named

after Sir Humphrey Davy; *Mosandium*, discovered by Prof. Lawrence Smith, of Louisville, Ky., and named after the Swedish chemist, Mosander; *Philippium*, discovered by De La Fontaine, and named after Mr. Philippe Plantamour, of Geneva; *Yterbium*, discovered in the earth yttria by Prof. Marignac, of Geneva; *Decipium*, discovered by De La Fontaine, and so named because of its deceptive properties (from *decipis*, to deceive); *Neptunium*, announced by Hermann in 1877; *Scandium*, announced (March 12th, 1879) by Nilson, of Upsala.—*New Remedies.*

PURULENT OPHTHALMIA.—Dr. J. J. Moncure (*Southern Clinic* Paris Letter, July, 1879) writes that granular conjunctivitis may be produced by pus from a purulent conjunctivitis, and that the secretions from a granular ophthalmia may produce a purulent one, hence, he infers a close relationship between them. He describes ophthalmia of the new-born, the catarrhal variety and that due to gonorrhœal infection.

In the treatment of the first variety he relies upon a 2½ to 3 per cent. solution of silver nitrate, to be applied to the conjunctiva, and followed immediately with a solution of sodium chloride. Also a collyrium containing atropia.

In the adult, much use is made of the *crayon mitigé*, made as follows: Take 2 parts of potassium nitrate and one part of silver nitrate, melt them together in a crucible, and run into a cylindrical mould. The conjunctivæ are lightly cauterized with this pencil, followed immediately by the salt solution, use but once a day. Three or four applications generally suffice. Ice-water compresses are used after the cautery, and, later, the solution of silver before mentioned. The treatment of the blenorrhagic form is much the same.

SPURIOUS HYDROPHOBIA.—T. M. Dolan, F. R. C. S. E. insists (*The Practitioner*, July, 1879) upon the necessity of an accurate diagnosis in cases of alleged rabies, in order that our list of deaths therefrom may not be swelled by certifying to a wrong cause of death. He is of the opinion: "1st, That we should be very careful before pronouncing our diagnosis—hydrophobia. 2d, That there should be a *post-mortem* examination, made by experienced pathologists, in every reputed case of death from hydrophobia." Mistakes also arise from errors in copying reports from one journal into another. Thus, Offenberg reported a case of rabies cured by curare, this was copied and Polli's name substituted for that of Offenberg. Thus it has happened that one case of recovery is made into two.

He then quotes from *La France Médicale* a case in point. A woman was bitten in the face by a dog. Nine months afterward she was admitted into a hospital with symptoms apparently characteristic of hydrophobia. These became aggravated and death resulted three days later. "This affection had been *diagnosed as a case of rabies of canine origin, but at the autopsy there was found, at the base of the brain, a pyriform cyst of the size of a large nut, which penetrated by some lamellæ into the fissure of Sylvius. The cerebral substance, softened and injected round the tumor, was depressed to give way to it.*" This was full of cysticerci. The symptoms observed may be explained by the rapid increase of the tumor, and the movements of the contained cysticerci. He thinks it confirms the views of modern pathologists as to the portion of the brain involved in *Rabies vera.*

TREATMENT OF ACNE.—Dr. Gage Parsons (*British Medical Journal*, June 7, 1879) recognizes the efficacy of the usual lotion of flowers of sulphur in this affection. The sulphur precipitates, however, and it is inelegant, inconvenient and not quite satisfactory in its results. A far more efficacious mode of using sulphur is to dust the face with pure precipitated sulphur every night, with an ordinary puff used for toilet purposes. A cure is usually effected in about a week. If the sulphur be scented with oil of lemon or of rose, it will form an elegant cosmetic.

ACTION OF PLATINUM.—Herr Kebler, of Strasburg, has experimented upon animals with the double chloride of platinum and sodium. The symptoms provoked appeared to depend entirely upon dilatation of the blood-vessels, especially those of the abdomen, owing to paralysis of the terminations of their peripheral nerve-fibres. There seems to be no ground for thinking that the action of the salts of this metal is likely to prove of value in the treatment of syphilis, the disease in which they have, as yet, been principally tried.—*Medical Times and Gazette*, Feb. 8, 1879.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - AUG., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

THE MOSQUITO IN A NEW RELATION.

Sir Joseph Fayrer, K. C. S. I., M. D., F. R. S., has read several important papers during the present year, upon the *Filaria sanguinis hominis*, which have been reproduced in the *Lancet* and other English medical journals. From these we have derived the materials of this paper and refer our readers to them for the best presentation of the subject we have yet seen. We are convinced that a careful study of the entozoa in general and of the hæmatozoa in particular will pave the way to a true acquaintance with the mode of origin and communication of all the specific infectious diseases. For this reason we shall devote considerable space to a discussion of the facts brought out in the papers to which we have referred.

Dr. Wücherer, of Bahia, Brazil, in 1868, discovered nematode worms in the urine of a patient suffering from hæmato-chyluria; in subsequent examinations of chylous urine he always found them, alive and active. He did not, however, discover that they had their origin in the blood of the patient.

In July, 1872, Dr. T. R. Lewis, of the British medical service in India, discovered the same thread-like worms in the blood of a native who was being treated for diarrhœa in the Calcutta Medical College Hospital. He also found them in chylous urine.

Dr. Sensino, in Egypt, discovered a similar worm in the blood of a patient in 1876. This was, for some time, supposed to be of a separate variety and was named F. sanquinis hominis Egyptiaca; but is now considered identical with the parasite described by Lewis.

Dr. Bancroft, of Australia, found the sexually mature female worm in 1876. This was found in a patient suffering from a lymphatic abscess of the arm. Lewis has since found specimens (1877) in a blood clot from a young Bengalee who had been operated upon for nævoid elephantiasis. Other observers have since verified this discovery. The dimensions of the adult female and embryo are thus given by Dr. Cobbold, the greatest living helminthologist: "Mature: length, 3½ in. Embryo: length, 1-200th to 1-125th in.; breadth, 1-2000th to 1-2500th in. Body capillary, smooth, uniform in thickness; head with a simple circular mouth, destitute of papillæ; neck narrow, about one-third of the width of the body; tail of female simple, bluntly pointed; reproductive outlet close to the head; anus immediately above the tip of the tail." Numbers of ova and embryos escaped from the mature worm during examination, and these latter were observed by Lewis to be identical with those observed in the blood of other parts of the body of the patient. It will thus be observed that the worms observed in chylous urine and in the blood of persons suffering from elephantiasis Arabum. as well as in other tropical diseases were the immature, sexless embryos, not the perfect entozoa. Their mode of propagation and special habitat, (mature worms of both sexes) in the body are as yet conjectural.

Reasoning by analogy, it is very probable that this parasite undergoes an intermediate stage of development within the body of some animal or insect. This intermediate host, it is asserted by Dr. Patrick Manson, of Amoy, China, to be the common mosquito. Dr. Manson has discovered

that the hæmatozoa are taken passively into the stomach of this insect; that there a few (Lewis) are digested, others perforate the walls of the stomach and undergo developmental changes in the thoracic and abdominal tissues. Manson says that the blood in the mosquito's stomach contains more of the parasites than that in the person they have fed on. They retain for a few hours the same appearances they possessed when ingested; then changes begin, the outline of the body becomes double, marked striations appear, and again disappear. This first stage of metamorphosis occupies about thirty-six hours; it now becomes quiescent, a sort of chrysalis condition, and a four-lipped mouth and an intestinal tract appears about the fourth or fifth day. The subsequent changes do not appear to have been traced. It is now one-fortieth to one-thirtieth of an inch in length. The mosquito phase is now completed and it moves with great facility and rapidity in the water to which it escapes, as he says, "equipped for independent life."

Lewis fully recognizes the fact that these parasites are found in the stomach of the mosquito, and that they there undergo developmental changes, but he thinks that there may be other intermediate hosts. He thinks that those found in the mosquito are not derived from men alone, but that the dogs of the country furnish a good proportion. Manson and Lewis have found large numbers of the dogs of both India and China to be infested with filariæ; in them the mature worms are found in the right side of the heart, or in tumors of the aorta. Two species have been well observed in dogs, occupying, in the adult stage, the situations mentioned, and discharging their ova and immature living progeny into the blood in enormous numbers.

Manson thinks that man becomes infected by drinking-water into which the mosquito has discharged its partially developed cargo of embryo filariæ.

We think it may safely be assumed that the mosquito does act as the intermediate host, the carrier of this enemy of our race. Manson adduces an authenticated instance of the importation of a single case of elephantiasis into Barbadoes. The disease until then unknown there, is now endemic in that island. He believes that mosquitoes sucked his blood, developed the embryo filaria which contaminated the water and thus spread the disease to those who drank thereof.

It appears to us that there is a simpler way of communicating the disease from man to man by way of the mosquito than that supposed by Manson.

It is known that anthrax, which depends upon the presence of the *Bacillus anthracis* is disseminated or inoculated from one person to another by the bite of carrion-feeding flies. When the fly or mosquito bites an animal it first injects a portion of fluid from its own body into the puncture for the purpose of diluding the blood that it intends to appropriate. This is done to facilitate the imbibition either by simple dilution, or, more probably, by impressing some chemical change upon the blood rendering it less coagulable. Some of this fluid from the insect is left in the puncture; it is rapidly diffused and cannot all be withdrawn. Now, if the fluids of the insect are permeated by the living, active embryo filariæ, it is but reasonable to suppose that some of them will be injected and left in the subcutaneous lymph-spaces. The lymphatic system is the chosen field for the morbid processes—elephantiasis Arabum, lymph-scrotum, lymph-abscess, chyluria—now recognized as depending upon this entozoön. Those parts of the body best supplied with lymphatics—the external genitals and extremities—are the seat of those most remarkable changes dependent upon obstructive lesions produced by filariæ. Hence our hypothesis derives the strongest supporting evidence. The way of entrance suggested is certainly more direct than that by means of drinking-water, as supposed by the authors quoted.

A FALLACIOUS ARGUMENT.

The argument which appears to have most weight with the opponents of the cryptogamic origin of certain diseases is, that the same growths are found in the blood and viscera of patients laboring under diseases other than those attributable to their presence and even in healthy individuals. This is supposed to prove conclusively that these micro-organisms have nothing to do with initiating or continuing certain morbid processes.

In order to test the value of this pseudo-argument, we shall first examine its premises.

The statement that *the same fungi* are found in healthy and unhealthy individuals alike, presupposes the ability of the microscopist to determine with certainty the identity of the growths found under varying conditions. This is setting up a claim for accuracy of observation that is positively audacious in its conception. Microscopists have a reputation for cultivated credulity, and this statement indicates a degree of confidence in very fallible means of investigation such as observers in other fields of science and with other means of investigation would be very diffident in professing.

We are the more surprised at this want of scientific incredulity—which is at the foundation of all progress—inasmuch as many gentlemen of undoubted culture and acumen have seen fit to express their approval of it. A few facts, plainly stated, will make our meaning more plain:

Dr. Taylor, in his excellent "Treatise on Poisons" (Philadelphia, 1875, pages 654–655), quotes Dr. Badham to the effect that there are five thousand recognized species of mushrooms, of which only a few are edible. Now, the mushroom is a species of fungus that is easily examined without the aid of a microscope. He states that the poisonous properties of mushrooms "vary with climate, and probably with the season of the year at which they are gathered, as well as the locality." Personal idiosyncrasy seems to play an important part, some persons being liable to be seriously affected even by those species usually regarded as innocent. Some species which are poisonous in England are freely used by the Russians, while the species most commonly eaten in England is regarded as poisonous in Rome, and the contrary. In fine, he states that "There do not appear to be any satisfactory rules for distinguishing the mushrooms which are wholesome from those which are poisonous."

It is therefore evident that harmless and poisonous fungi are not to be distinguished even when they are of such magnitude as to be handled, tasted and examined by every method of human research, except by their *effects*. Can we hope to be able, as our microscopic friends contend, to do better with a glass that simply magnifies the object a few hundred diameters, more or less?

Much might be written on the poisonous effects of fungi, those of the microscopic varieties have, as yet, a history almost unwritten because unknown.

The opponents of the "germ theory" are doing good service; in fact, they are a necessity. Without them investigation would make slow progress and science would suffer accordingly.

YELLOW FEVER AND QUARANTINE.

An outbreak of yellow fever was to have been expected in Memphis the present season. The unsanitary condition of that city was sufficient to invite a rekindling of the pestilence. A town without a sewer system, with a soil saturated with fæcal matter, and whose streets are floored with rotten wood in place of a decent pavement, must necessarily suffer from whatever "filth disease happens to obtain a foot-hold. It matters not what form it may assume, typhoid, typhus, cerebro-spinal, diphthe-

ritic fever or cholera will find the conditions present in such a town for its reception and propagation.

For many months it has been evident that the poison of yellow fever was not extinct in Memphis and many Southern towns and villages. The disease has become, in a measure, acclimated, and cases have doubtless occurred in the infected district every month since the epidemic of last summer. It is probable that it was, like our worst weeds that vex the agriculturist, originally of foreign growth and importation. Now it is located upon our soil and will probably stay with us until such climatic conditions shall prevail for a series of years as to destroy every "germ" of the disease now flourishing upon our soil.

A thorough test is being made of the efficacy of inland quarantine. As our readers know, we have no faith in it. As a rule, it is an expensive farce. The usual inspections and fumigations are so carried out as to be practically worthless. It is publicly stated, and no authoritative contradiction has been offered, that favoritism has been shown at our own quarantine station. Some boats are openly said to have been allowed to pass with only a slight pretense of inspection and disinfection, while the whole force of the extraordinary powers vested in our health board has been brought to bear upon less favored vessels. We will not say that such is the fact, it is merely reported to be so, and closely corresponds with the manner in which quarantine is usually enforced the world over.

ABSCESS OF THE LIVER(?).—Prof. Hammond has made aspiration of the liver, to a certain degree, fashionable in this section. He has demonstrated that "it does no harm if it does no good." Some of our medical and surgical *savans* have labored long and earnestly to upset Dr. Hammond's assertion that these abscesses are often obscure. The same wise men have not been quite so successful in demonstrating their propositions. The autopsy has too often shown their errors of diagnosis. It sometimes happens that the error is in another direction, as the following case will show:

Quite recently a patient presented some of the rational symptoms of hepatic abscess, such as pain in the side, descent of the liver below the margin of the ribs, prominence of the right hypochondriac region, etc. A consultation was had and aspiration decided upon. The liver was traversed—"skewered," as it were—in every direction by the aspirator needle. *Five* punctures were made, but no fluid was obtained! At last, it was suggested that the needle be introduced higher up. This was done, the point selected being the fifth or sixth intercostal space, when, *mirabile dictu*, *ninety-two ounces* of clear, amber-colored fluid were withdrawn! We understand that the patient is doing well, in blissful ignorance of the fact that his trouble was not "liver complaint" at all.

We hope that percussion is not to be regarded as one of the "lost arts" in our medical colleges, and that pleurisy with effusion will not be such an "obscure" affection to the rising medical and surgical generation.

"FREE QUININE" appears to mean high-priced quinine or an article of doubtful purity. The American product has always been trustworthy, the foreign-made article has yet to prove itself of unimpeachable purity. At present we would impress upon our readers the fact that they cannot rely upon the purity of the article as made by unknown manufacturers. In view of this condition of affairs we beg our readers to consult their own interests as well as the good of their patients by making use of preparations bearing the stamp of the best firms only.

We have received samples of two-grain, sugar-coated quinine pills made by the old and trustworthy firm of Wm. R. Warner &

Co., of Philadelphia. We have made careful experiments with them and find them *soluble* and of full weight. They produce the same effects in the same time as are obtained from the best quinine in powder. We refer, of course, to the subjective symptoms of the physiological action of the drug, and the therapeutical effects in malarial affections.

Book Notices and Reviews.

DISEASES OF THE BLADDER AND URETHRA IN WOMEN. By Alexander J. C. Skene, M. D., Prof. of Diseases of Women in the Long Island Hospital College, etc., etc., etc. 8vo. pp. 382. New York: Wm. Wood & Co., 27 Great Jones street, 1878. Cloth, $3 00.

It is many months since this handsome volume reached us for review. It was immediately placed in the hands of one of our most competent gynecologists for notice. A long and most dangerous illness incapacitated him for the task he had undertaken, and a tedious convalescence found him still disabled from such labor. A less competent hand will now engage in the work and endeavor to make amends for the time already too much lost by a notice that will be imperfect at best.

There is no systematic work in the English language with which this of Dr. Skene can be compared. It seems to fill a gap in our literature and must be judged by itself alone. The corresponding chapters in several recent works on gynecology, however, seem to occupy pretty much the entire ground, therefore there may be some doubt as to the absolute necessity of the book having been written. We shall, hence, examine it with this in view: what reason does it give for its coming into being?

The book is divided into eight lectures, which are followed by an appendix. The first lecture is devoted to the anatomy of the bladder and urethra, their anatomical relations to each other, functions of the former, and the development and malformations of both these structures. The section on deformities is very full and complete; the directions given for their relief are concise and well expressed. Although this chapter contains nothing absolutely new, we do not know where the same information can be found in our language.

Lecture II is devoted to functional diseases of the bladder, and is a very good one. Irritable bladder, paralysis vesicæ, ischuria and incontinence and various reflex symptoms are well described. A malarial affection is described in this relation that it is well to remember. This is a so-called *urethral fever*, not necessarily associated with chill and general fever, but dependent upon the same influence. The symptoms are usually as follows: "The patient complains of frequent desire to urinate, and some vesical tenesmus; severe burning pain on passing water, with stinging and burning in the urethra after urination. The history of such cases resembles acute gonorrhœal urethritis so far as the abruptness of the attack and the tenderness and pain of the urethra are concerned, but there is usually no discharge, or at least very little. In many cases the suffering is greatest in the afternoon and early part of the night. Under proper treatment the disease disappears as promptly as it comes on."

In the treatment of irritable bladder Dr. Skene thinks there is no special advantage to be derived from injections of medicated solutions directly into that viscus, that hypodermic medication is better. This is contrary to our experience. We have seen medicated injections into the bladder followed by prompt relief of vesical tenesmus and ultimately by cure, after complete failure of medicines by the mouth to afford relief. Whether the mucous membrane of the bladder is capable of absorbing anything directly from its cavity while it retains its integrity may still be kept under consideration, but the soothing effects of topical

applications to its surface, in our opinion, cannot be disputed.

The caution with reference to absolute cleanliness of the instruments employed (catheters) in the treatment of paralysis of the bladder, cannot be too often repeated. We cordially indorse the author's opinion that "A great deal of vesical catarrh is undoubtedly lighted up by foul catheters," and this applies to the male as well as to the female bladder. See also Sir Henry Thompson's late work for very similar cautions.

No mention is made of the use of ergot in enuresis; we have derived remarkably good results from it in a few cases.

The third lecture begins the consideration of organic diseases of the bladder with a short description of urinary analysis and methods of exploring the cavity of the viscus as aids to diagnosis. Although short and condensed this section is sufficiently complete for practical purposes. Hyperæmia of, and hemorrhage from the bladder are then minutely enough described.

Lecture IV is devoted to cystitis, its varieties, etiology, pathology and symptomatology, while the subject of its treatment is taken up in the following lecture. These two lectures contain the most useful matter to be found in the work and satisfactorily demonstrate its *raison d'être*. We cordially agree with the author in his high estimate of benzoic acid and benzoate of ammonia in the treatment of these cases. We regret that our limited space precludes more than a passing notice of these sections. The operation of making a vesico-vaginal fistula (cystotomy) for the cure of obstinate cases is sparingly commended. He seems to have more confidence in drainage by means of the self-retaining catheter.

Vesico-urethral fistulæ are treated of at length at the end of the fifth lecture.

The sixth lecture is occupied with the consideration of a number of vesical diseases not treated of before: neoplasms, cysts, tubercle and carcinoma of the bladder, foreign bodies therein, hypertrophy and atrophy of the viscus; their etiology, pathology, symptomatology and treatment are duly considered.

Lectures VII and VIII are taken up with diseases of the female urethra. The former with urethral neuroses, the different varieties of urethritis and urethral neoplasms. Throughout his work the author is very sparing in his acknowledgments of the labors of others; this is particularly noticeable when he comes to speak of urethral neoplasms. We fail to find the name of a single author other than Drs. John W. S. Gouley and Alexander J. C. Skene in the entire section. He might, at least, have referred to Drs. A. Reeves Jackson and Wm. A. Byrd in this relation. However, this is a fault of the entire volume, and may be attributable to the form in which it is written. A bibliographical list would have supplied the manifest deficiency.

Lecture VIII treats of dilatations and dislocations of the urethra, prolapse of the mucous membrane, foreign bodies therein, stricture and incomplete fistulæ of the urethra. These are rare affections, but worthy of the careful attention given them by the author. The appendix is devoted to a description of the successful treatment of a case of extroversion of the urinary bladder, fully illustrated, contributed by Dr. Daniel Ayres.

The book is a valuable one, it is printed from large type on good paper and presents an attractive appearance, marred, however, by a large number of errors in proof-reading. It deserves a place in the library of every gynecologist.

LONG LIFE AND HOW TO REACH IT. By Joseph G. Richardson, M. D., Professor of Hygiene in the University of Pennsylvania, Etc. 16mo. pp. 160. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: Book & News Co. Cloth, 50 cents. *American Health Primers, No. 2.*

This is the second number of the admirable series now being issued under the edi-

torial supervision of Dr. W. W. Keen. These "primers" are written for popular reading and, thus far, seem remarkably well adapted to the purpose. Some may think that the title of this one is slightly misleading, but a cursory examination will demonstrate that it is a very appropriate one. To retain health is the surest mode of prolonging life. A glance at the titles of the sixteen short chapters into which the little book is divided will give an idea of its scope:

Introductory Considerations; Causes of Disease, and How to Avoid Them; Heat and Cold as Causes of Disease; Contagion, and How to Escape it; Clothing, and How to Wear it; Pure Air, and How to Breathe it; Pure Water, and How to Obtain it; Baths, and How to Take them; The House, and How to Build it; Food, and How to Digest it; Impurities in Food and Drink, and How to Detect them; Exercise, and How to Take it; Sleep, and How to Secure it; Mental Power, and How to Retain it; Parasitic Enemies, and How to Escape them; Old Age, and How to Meet it.

These chapters are short, written in attractive style, and are full of the best advice. We most heartily commend Dr. Richardson's "primer," and have every reason to believe that each of the volumes to succeed it will be of equal value.

POTT'S DISEASE, its Pathology and Mechanical Treatment, with Remarks on Rotary Lateral Curvature. By Newton M. Shaffer, M. D., Surgeon in charge of the New York Orthopædic Dispensary; Orthopædic Surgeon to St. Luke's Hospital, New York. 12mo. pp. 82. New York: G. P. Putnam's Sons, 182 Fifth avenue. 1879. From the Author.

The author of this little work is a young, diligent and intrepid surgeon, and should meet with encouragement on the part of his seniors. It is therefore that we rather prefer to give gentle allusions and restrictions where severe adjudication might be in place.

We learn from Dr. Shaffer that he is fifteen years in the pursuit of orthopedic study and practice, and that a vast amount of clinical material has passed through his hands. He has, consequently, had brilliant opportunities and we should, therefore, expect something far beyond the average when he addresses the profession. The monograph before us does not fully came up to our expectations, although we notice respectable efforts and a very praisworthy literary method. But we find too much reliance placed on the views of others, too little original work of investigation. There is a want of unity of purpose and a frequent swerving from the subject under consideration for no other end than mere comparison. There is, however, no doubt that by persistent investigation and critical examination of facts the author will gradually climb up to a commanding position, provided he loses no sight of *multum* and leaves *multa* alone. For we are of the opinion that a well digested and well observed case is worth five hundred others that have been only superficially reviewed.

The author is obviously inclined towards the constitutional origin of Pott's disease, and to the adherents of that theory Barwell's representations "as to the condition of the joint ends in strumous children" may be acceptable, not so to the reviewer. We would rather consider the emphatic statement of Rokitansky that there is no such thing as a distinctive pathological anatomy of strumous disease, as preferable to that of Barwell. We had thought that this question had been settled by the memorable meeting of the New York Academy of medicine, at which the strumous disease was exhibited as one of the most untenable productions of the speculative brain. Almost all new works, *e. g.*, Ziemssen's Cyclopædia, Bryant's Surgery, to mention but a few, place scrofulosis *hors du combat*. Usually "parents and nurses" would rather join in the opinion of the author as much more politic and in accordance with the established theory, than confess their neglect in having exposed their wards to

traumatic injuries. This, at least, has been our experience. Since the author has made up his mind to travel on the strumous theory, we will frame him a few questions which he may, perhaps, find time to answer in the future elaboration of the same subject.

1. Is it, or is it not true, that infants frequently fall, or sustain diverse injuries to which their want of understanding of surrounding dangers may give rise? Or, is the supervision of children at a tender age always so careful and pains-taking as to render accident out of the question?

2. Is, or is not Pott's disease more frequent in cities than in the country? And have not the high stairways, the pavement and sidewalks, or the density of the population some causal connection with the frequency of Pott's disease in cities?

3, Is posterior curvature not an intruder upon high life in proportion to physical danger, as in the lower classes?

4. Is, or is not Pott's disease one of rarest occurrence among nursing infants, that is, at a time of life when mothers bestow the most care upon their offspring?

5. Does, or does not Pott's disease increase numerically with the venturesomeness of children, and does it not decrease numerically with the maturing of the child's understanding of danger? Of course, those cases transmitted from a former period are to be deducted from this estimate.

6. Is it, or is it not an acknowledged fact that children who are comparatively more lively and venturesome are more numerous among the recruits of Pott's disease than those who are leuco-phlegmatic and inert?

7. Is, or is not Pott's disease more frequent in the more temperate than in the torrid zone? and more or less connected with the energy and restlessness of children in the former and the lassitude of those of the latter, irrespective to the accidents to which ice and snow give rise?

8. Is it, or is it not true that constitutional suffering follows Pott's disease more frequently than precedes it?

9. What have been the practical results of constitutional treatment in Pott's disease?

When all these questions shall have been duly considered and rationally answered, then, and not before, shall we understand the remote causation of that malady.

The separation of the symptoms into stages, which the author attempts, seems to us without practical value, since it does not affect either the pathology or treatment.

The so-called "dry spondylitis" is, in our opinion, no spondylitis at all, but inflammatory softening of the inter-vertebral discs; and this form may occur with, or without deformity. We have seen it caused by constitutional syphilis, presumably initiated by gummatous deposits. We have likewise observed it to follow whooping-cough. Almost invariably, the deformity from this cause occupies the thoracic portion of the spine. To speak of a fungoid or granulating spondylitis without formation of pus, is, in our opinion, a contradiction, because granulations and the formation of pus always go together. No authority can be admitted in explaining away an acknowledged pathological fact. The pus need not always to approach the surface, and yet, it may exist. We have repeatedly found caseated pus in the neighborhood of the morbid focus, and alongside of the spinal canal, and even sequestra embedded in such material after the disease had been arrested by appropriate treatment.

The most usual location of Pott's disease is in the lower thoracic and upper lumbar portions of the spine. It so happens that the late Bonnet, of Lyons, found out by numerous experiments with bodies of infants, that that locality was invariably the seat of injury. This coincidence is of practical importance, and tends to demonstrate traumatism as a more frequent cause of Pott's disease then our author seems to be aware of.

Dr. Shaffer has never seen a case of acute spondylitis, or, as he states, "in the earliest

stage of Pott's disease." We had but one, but that was a very conclusive one, and we beg to refer him to page 107 of our "Treatise on Orthopedic Surgery," which he may find at Messrs. Wm. Wood & Co.'s, if, as we presume, the book is not in his collection. The accident to, and death of the child were crowded into the short time of six weeks. The case proved beyond cavil a fracture of the body of the fifth dorsal vertebra from an ordinary fall of the child upon the back, on the flat surface of a sidewalk. The injury was promptly diagnosed half an hour after the accident, and the recumbent posture, with proper immobilization of the spine, insisted upon. But this was not properly followed. Next, we saw the child with left side empyema, and gave it as our opinion that an abscess had formed at the seat of fracture and opened into the pleural sac. It is needless to add that the autopsy fully verified the diagnosis.

As to the insidiousness of the disease, there can be no difference of opinion. Months may elapse before the parents realize the trouble. The same may be said of joint-diseases. For this very reason it is almost impossible to elicit the traumatism if such had been at work.

There are some other points in the monograph which we should feel inclined to touch upon, but we must limit ourself to but a very few.

We fully coincide with the author as to the impracticability of relieving Pott's disease by suspension and the plaster-jacket, and we fully subscribe to his very excellent arguments against them. Nay more, the time will soon arrive when this ephemeral surgical will-o'the-wisp will disappear as one of those incomprehensible phenomena of which our age is not quite free. But then, since the author has made so exhaustive an investigation into the pathology of Pott's disease, it is strange that he should have substituted another apparatus and indulged in the vain hope of curing progressive Pott's disease in the erect posture. We have only a dozen specimens or so, in in our collection of diseased spines, but *every one of them* presents conditions preclusive of such applications.

The recumbent posture may not be as agreeable as the erect, but it is certainly more efficacious. After three years recumbency we have effected the recovery of a patient who, in the course of that long ordeal, discharged *twenty-seven* sequestra from his spine, and who is now as strong and venturesome as any lad of his age; and in his perambulations in Switzerland and the Tyrol exceeded in boldness and endurance every one of his party. His spine seems to have been solidified by osteophytes and incrustations so as to place it beyond harm. Does the author think that anything short of systematic recumbency would have preserved the life of such a patient? As a matter of course, even in that position, the spine ought to be rendered immovable; the material by which this object is effected is supremely indifferent.

We must now take our leave of the author, however reluctantly, for we feel a deep interest in the advancement of this branch of surgery, in which we have left some foot-prints of our own ardent efforts. Hoping to hear very soon and oft from the fertile pen of the author, our esteem for whose accomplishments could alone have misled us into entering so fully into the merits of his book. L. B.

MEMORANDA ON POISONS. By Thos. Hawkes Tanner, M. D., F. L. S. Fourth American, from the last London Enlarged and Revised Edition. 16mo. pp. 201. Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. Cloth,

The wisest of mankind once wrote, "of making many books there is no end," and this is particularly true of the making of manuals. As a rule, we set our face firmly against these helps to the lazy student and indolent practitioner—they are usually simple make-shifts for something better, and cause those better things to be neglected.

For once we are happy to say that our ill-natured grumbling anent manuals may be reserved for a suitable occasion, which we are moderately certain will not be far in the future.

Poisons and poisoning receive so little attention as such, that these memoranda actually "supply a want." Not every physician's library possesses a copy of Taylor's Treatise on Poisons, or any good work on the subjects embraced under toxicology. The information required usually at hand is scattered through the works on materia medica or hidden away in a mass of irrelevant matter. In this pocket manual, everything relating to poisons is epitomised and rendered available at a moment's notice.

We have reason to believe that Dr. Tanner was right in suspecting that cases of secret, criminal poisoning are much more frequent than is generally supposed. His "Memoranda" were compiled in order to bring this matter particularly to the attention of the profession.

Of course, in a volume of such limited dimensions the subjects discussed can receive but the most cursory treatment; nevertheless, we consider it a good work and believe the profession is under many obligations to the lamented author for performing his work in his characteristically *practical* manner. It certainly receives our heartiest commendation.

ELEMENTS OF MODERN CHEMISTRY. By Adolphe Wurtz, Member of the Institute, Honorary Dean and Professor of Chemistry of the Faculty of Medicine of Paris, Etc., Etc. Translated and Edited, with the Approbation of the Author, from the Fourth French Edition, by Wm. H. Greene, M. D., Formerly Demonstrator of Chemistry in Jefferson Medical College, Philadelphia, Etc., Etc., Etc. 12mo. pp. 687, with 132 illustrations. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton st., Covent Garden. 1879. St. Louis: Book & News Co. Cloth, $2 50.

Professor Wurtz is one of the best, if not the best, of late authorities on the most attractive of sciences, chemistry. The book before us is essentially elementary in character, hence the theoretical part is especially well developed. Some of the theories are, we think, stated with greater positiveness than the present status of the science will permit. The author is so positive that he inspires his readers with enthusiasm, and writes so clearly and pleasantly that it is a pleasure to read the book. This statement applies, of course, to the earlier sections. The portions treating of organic chemistry with the formidable array of symbols is not very inspiring, we must confess.

The chemistry of the metalloids is given with greater fulness than that of the metals, and that of carbon receives the attention that its increasing importance demands.

A feature that especially commends the work is, that it is brought fully up with the times, the liquefaction of the hitherto incoercible gases is described and the chemistry of Gallium is given.

The translator has performed his task wonderfully well; the typography, illustrations, paper and binding are all that could be desired. We regard it as one of the best text-books on chemistry yet published.

ATLAS OF SKIN DISEASES. By Louis A. Duhring, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia; Dermatologist to the Philadelphia Hospital, Etc. Part V. Scabies, Herpes Zoster, Tinea Sycosis, Eczema (vesiculosum). Philadelphia: J. B. Lippincott & Co. 1879. St. Louis: Book & News Co. $2 50 per part.

Parts I, II, III and IV of this most excellent atlas have received very complimentary notice in our columns. Part V is in no degree inferior to those formerly submitted to criticism. The plates are carefully colored, and no better illustrations of actual cases of disease as observed in practice can be imagined than are here presented. To the instructor in

dermatology they will prove of great value, for thus he will be able to demonstrate the lesions of the skin delineated with nearly the same facility as if actual cases could be presented to the student. The general practitioner can refer to them with confidence in making his diagnosis in doubtful cases. The elegant letter-press accompanying the plates gives all necessary information regarding the differential diagnosis and treatment that could be desired. Taken in connection with the author's "Treatise on Diseases of the Skin," this atlas makes an almost perfect library of dermatology.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By George Henry Fox, A. M., M. D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O.; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases, Etc., Etc., Etc. Forty-eight Colored Plates taken from Life. Complete in twelve Parts. Part I. Comedo, Acne (vulgaris), Lepra (tuberosa), Elephantiasis. Part II. Keloid, Rosacea, Psoriasis (nummulata), Ichthyosis (simplex). New York: E. B. Treat, No. 805 Broadway. St. Louis: Brown & Holdoway, 521 Olive st. $2 00 per part. Sold only by subscription.

We have looked forward to the appearance of this work with a great deal of interest not unmixed with anxiety regarding the success of the project. Heretofore, attempts to illustrate lesions of the skin by means of photography have been, to say the least, conspicuous failures. The difficulties in the way of photographing appearances of such delicate nature as those presented by the complex and ever varying lesions of the skin are obvious to every one who knows anything of the subject. But Dr. Fox is to be congratulated upon achieving a pronounced success in the first two numbers of the great work he has undertaken.

By some modification of the photographic process, a surface has been obtained that receives the small amount of coloring matter applied with marvelous ease, thus producing a softness of tone that we have never seen rivaled in work of this kind.

The artist is evidently a master, and, it is unnecessary to state, shows that knowledge of his subject that could be acquired only by a careful study of disease. Of course some lesions are better adapted to the process than others, of these the cases of elephantiasis and comedo offer striking examples.

The descriptions of the cases illustrated are well written and sufficiently extended for all practical purposes. We shall look for the remaining ten numbers with much interest and in full confidence that they will bear out the promise of excellence given by those now under notice.

COMPLIMENTARY DINNER GIVEN TO PROFESSOR S. D. GROSS by his Medical Friends in Commemoration of his Fifty-first Year in the Profession, April 10, 1879. 8vo. pp. 42. Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. 1879. Cloth, $1 00.

This elegant little volume commemorates a truly remarkable event: the fifty-first year of medical and surgical practice, fifty-four years of medical study, and forty-five years of medical teaching. Dr. Gross deserved the honor bestowed upon him well, and his address upon the occasion was worthy of the occasion and of the speaker.

Every one who participated in the exercises will treasure up this book which so well records the events of the evening.

An excellent and life-like portrait of the distinguished surgeon and teacher adorns the book, and by itself is worth its price to every admirer of the original, and their name is legion.

LITERARY NOTES:—

PUBLIC HEALTH, a weekly journal devoted to the preservation of health, with Dr. Edward J. Bermingham as editor, began life July 5th last. It is extra large octavo in

form, pages in double columns, of which there are twelve of reading matter in each number. Subscription $2 00 per annum. The editor has secured the coöperation of all the leading sanitarians in the country, and the six numbers that have appeared give evidence of solid excellence that ought to secure for it a large patronage among physicians and cultivated people of every vocation in life. Physicians will do a good work if they will commend it to the notice of their patrons. The editor's address is No. 19 Lafayette Place, New York.

The *American Journal of Electrology and Neurology* is a very handsome quarterly of eighty pages, edited by Dr. John Butler, and published by Messrs. Bœricke & Tafel, of New York; subscription, $2 00 per year. The articles contained in the first number—for July, 1879—are mostly carefully prepared and well written. Although assuming to be absolutely independent of all schools and "isms," its homœopathic tendencies are everywhere apparent. Dr. Kershaw, of St. Louis, contributes an excellent article—barring the therapeutics—on "Cerebral Anæmia."

BOOKS & PAMPHLETS RECEIVED.

Traite des maladies du Systeme Nerveux, Comprennant les maladies du Cerveau, les maladies de la moelle et de ses envelopes, les affections cérébro-spinales, les maladies du système nerveux périphérique, et des maladies toxiques du système nerveux. Par W. Hammond, Professeur des Maladies Mentales et nerveuses a l'Université de New-York President de la Société névrologique de la même ville, etc. Traduction Francaise augmentée de notes et d'un, appendice, par le Dr. F. Labadie-Lagrave, Ancien interne, lauréat des hôpitaux, de la Faculté et de l'Académie de médecine, Secretaire de la Société clinique, etc., etc. Avec 116 figures intercalées dans le texte. 8vo. pp. 1278. Paris: Librairie J. – B. Baillière et fils. Rue Hautefeuille, 19, près le Boulevard Saint-Germain, 1879.

A Clinical Treatise on the Diseases of Nervous System. By M. Rosenthal, Professor of Diseases of the Nervous System at Vienna. With a Preface by Professor Charcot. Translated from the Author's Revised and Enlarged Edition by L. Putzel, M. D., Physician to the Class for Nervous Diseases, Bellevue Hospital Out-Door Department, and Pathologist to the Lunatic Asylum, B. I. 8vo. pp. 278. New York: William Wood & Co., 27 Great Jones street. 1879. Wood's Library of Standard Medical Authors. Cloth, $1 00, to subscribers only.

A Text-Book of Physiology. By J. Fulton, M. D., M. R. C. S., Eng.; L. R. C. P. Lon. Professor of Physiology and Sanitary Science in Trinity Medical College, Toronto; Surgeon to the Toronto General Hospital, and Physician to the Home for Incurables, Toronto. Second Edition, Revised and Enlarged, with numerous Illustrations. 8vo. pp. 416. Philadelphia: Lindsay & Blakiston; Toronto: Willing & Williamson; St. Louis: Book & News Company. 1879. Cloth, $4 00.

The Advantages and Accidents of Artificial Anæsthesia: A Manual of Anæsthetic Agents, and their Employment in the Treatment of Disease. By Laurence Turnbull, M. D., Ph. G.; Aural Surgeon to Jefferson Medical College Hospital, etc., etc., etc. Second Edition, Revised and Enlarged, with twenty-seven illustrations. 12mo. pp. 322 Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. 1879.

Lessons in Gynecology. By William Goodell, A. M., M. D., Physician-in-Charge of the Preston Retreat, Professor of Clinical Gynecology in the University of Pennsylvania, etc., etc., etc. 8vo. pp. 380, with eighty illustrations. Philadelphia, Pa.: D. G. Brinton, 115 South Seventh street. 1878. St. Louis: Hugh R. Hildreth Printing Co. Cloth, $3 00.

Manual of the Principles and Practice of Operative Surgery. By Stephen Smith, A. M., M. D., Surgeon to Bellevue and St. Vincent Hospitals, New York. 12mo. pp. 689. Boston: Houghton, Osgood & Co. New York: 21 Astor Place. The Riverside Press, Cambridge. 1879. Cloth.

ETUDE HESTORIQUE ET CLINIQUE SUR LA TREPANATION DU CRAIN, LA TREPANATION GUIDEE PAR LES LOCALISATIONS CEREBRALES. par le Dr. Just Lucas-Championnière, Chirurgien des hôpitaux de Paris, Membre de la Société de Chirurgie, Rédacteur en Chef du *Journal de Médicine et de Chirurgie pratiques.* 8vo. pp. 150. Avec 14 figures dans le texte. Paris: V. A. Delahaye et cie. Libraires-Editeurs, Place de l'Ecole de Médecine. 1878. Prix: 3 fr. 50.

A MANUAL OF MIDWIFERY, for Midwives and Medical Students. By Fancourt Barnes, M. D. Aber., M. R. C. P. Lond. Physician to the General Lying-in Hospital, Etc., Etc., Etc. With Illustrations. 12mo. pp. 201. Philadelphia: Henry C. Lea. St. Louis: Book & News Co. 1879. Cloth, $1 25.

ON DISEASES OF THE STOMACH, and the Varieties of Dyspepsia. By S. O. Habershon, M. D. Lond., F. R. C. P., Etc., Etc., Etc. Third Edition. 12mo. pp. 324. Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. 1879. Cloth, $1 75.

POCKET THERAPEUTICS AND DOSE BOOK. By Morse Stewart, Jr., B. A., M. D. Second Edition, Revised and Enlarged. 24mo. pp. 263. Detroit, Mich.: Geo. D. Stewart. 1878. Cloth, $1 00.

Miscellaneous Notes.

YELLOW FEVER has mostly confined its ravages to "The Taxing District of Shelby County, Tennessee," the present title of Memphis. From thirty to forty new cases occur each day, and the mortality is nearly twenty-five per cent. One or two cases have occurred in various cities, St. Louis among them, from the same disease among refugees.

DR. WILLIAM TILBURY FOX, the distinguished English dermatologist, died very suddenly, at the age of forty-three years, in Paris, June 7th, 1879. His disease was aortic aneurism, with angina pectoris. He was a most indefatigable writer on dermatological subjects, and was editorially connected with the London *Lancet* for many years.

DR, CABELL and another member of the National Board of Health have resigned. We do not know their reasons for doing so. They probably have found that their professional dignity was not advanced to any great degree by being part and parcel of such a mongrel commission.

CAPT. JAS. B. EADS is nominated by our wide-awake contemporary, the Louisville *Medical News*, for sanitary supervisor of the Mississippi Valley. No better name could be selected than that of our distinguished townsman. We heartily second the nomination.

THE AMERICAN DERMATOLOGICAL ASSOCIATION.—The third regular annual meeting will be held in the city of New York, on August 26th, 27th and 28th, 1879. A highly interesting meeting is expected.

CHOLERA appears to be increasing in India and the adjacent countries. It is not expected here for a year or two.

Home News.

IT is rumored that a new weekly medical journal is incubating and will soon "chip the shell" and make its unfledged appearance in St. Louis.

Those members of the profession who are not as yet "reporters, stockholders or collaborators," will probably now be provided for. Exchanges and editor's copies will then supply the place of books and journals purchased or subscribed for, to even a greater extent than at present—which is unnecessary. Ye gentle canvasser and the oily-tongued bookseller will find each his occupation gone.

THE FRESH-AIR MISSION, to which reference is made in the Grand Jury's report, is modeled after the Foating Hospital of St.

John's Guild, of New York. A large steamer is employed, and many hundred sick children are given a day's ride upon the river every week. The enterprise is under the direction of Rev. Mr. Lack, whose long connection with our most deserving charity, the Provident Association, is sufficient guaranty of the worthiness of the charity and of the efficient manner in which it is carried out.

HERE AND THERE A GEM.—We take pleasure in presenting the following specimens of literary "style," culled from the pages of a city contemporary:

"It were better to bottle or tightly cover milk, which is so absorbent of the gases and odors as to be readily recognized in the taste."

We must congratulate the writer of the above upon the fact that he has learned to readily "recognize" *milk* by its taste? We trust he will acquire a liking for the harmless beverage.

"A young woman of about 10 years" * * * *. Out "Master of Arts" (without having mastered them) is to be commended for detecting a *young woman* in a child of ten summers. He will probably discover an *old* woman in some matron of sixty or seventy winters. It will probably be necessary for him to observe very carefully, however.

Speaking of the *relative* increase of white blood-corpuscles in pregnancy as a cause of eclampsia, an alleged "professor" relieves himself thus:

"This increasing preponderance of white blood discs must invite still further an angry condition of nervous force," etc.

Leucocytes are not *discs* but globules, and we believe the "professor" is the first to state that they ever outweigh the red blood-corpuscles, even in pregnancy, to say nothing about leucocythæmia, in which, by the way, eclampsia is not a prominent symptom. The "*angry* condition of nervous force" is also a new observation which ought to place him high upon the list of original investigators. An angry condition of the force of gravity will be next on the list of possible discoveries with which he will probably astound the world.

THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS has been duly chartered and will begin operations next month. A preliminary examination of students, a three-years, graded course, and a final examination of great severity, are among the requirements exacted of the prospective graduates. We are happy to record the fact that St. Louis has finally a medical college worthy of the name. The college building is located at No. 1100 North Market street.

A PERSECUTED OFFICIAL.—The following is extracted from the official report of the Grand Jury of the city of St. Louis, presented to his honor, H. D. Laughlin, Judge of the Criminal Court, on July 28th:

"On Friday, the 25th inst., your grand jury proceeded in the tug Rescue to visit the City Quarantine Hospital. While it has not been customary for previous grand juries to visit this institution, still the fact that our sister city, Memphis, is being scourged by that fatal malady, yellow fever, and the possibility of isolated cases reaching our city from that direction, we felt it our duty to visit the place officially and see what steps had been taken to keep the disease out of our city. We were met at the river bank by Health Commissioner Charles W. Francis, who remonstrated against our making a landing—in fact, forbidding the grand jury to come ashore, saying that he had 'five well-defined cases of yellow fever there, and that the grand jury had no business there;' but finally consented, saying that if we did so it would be at our own peril and risk. This statement your grand-jury found, upon examination, to be absolutely false, not even a symptom of yellow fever having thus far been developed. We found the new wards clean and in good order, well equipped for the reception of patients should any arrive; the steward, Mr. O'Madigan, with his assistants, in readiness to care for whomsoever might come to them, and Drs. Eversole and Outley waiting for something to do, having received thus far nothing worthy of men

tion. They gave us every facility for inspecting the place, as also did, finally, Commissioner Francis, so far as he was able, but we cannot criticise too strongly the conduct of the Health Commissioner, who, at a time like this, when the public mind is so easily excited, should stand up in the presence and in the hearing of hundreds of people, (for the harbor-boat was just moving away towards the city loaded with passengers who had been taken off of the Quarantine steamers), and officially announce that he had "five well-defined cases of yellow fever in the wards" when he had none nor even the symptoms of one.

We also condemn most severely his conduct in attempting to bring the steamer Charles P. Chouteau, loaded with a thousand invalid children on an excursion under the auspices of the Fresh Air Mission, to Quarantine, and thereby exposing them to yellow fever, had there been any yellow fever there. This unwarrantable action would have been accomplished but for the remonstrance made by your grand jury.

Your grand jury are charitable enough to believe that he would not have been guilty of this misconduct in office, but that he was under the influence of liquor, but, to prevent future like occurrences, we would recommend that he be removed from the position he holds, and that some person be appointed who has received a medical education and who at the same time possesses the executive ability to fill the office properly. We believe there are plenty of such men in our midst in whom these qualities are combined.

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We are, sir, with great respect, your obedient servants.

D. P. SLATTERY, Foreman.
FRANK CURTIS,
JACOB C. EWALD,
WM. H. SMALLWOOD,
A. J. GERAGHTY,
R. J. LACKLAND,
CHAS. G. STIFEL,
D. J. BUSHNELL,
JOHN H. VORNBROCK,
A. B. LANSING,
JOHN B. GRAY,
WM. H. STONE.

This prejudiced body also found a true bill of indictment against Mr. Francis, the charges brought may be inferred from the report given. This will probably be ignored, on the general principle that a brother politician can do no wrong.

The people of St. Louis have every reason to be proud of such a Health Commissioner. If they are not it is certainly their own fault. For two years the CLINICAL RECORD gave them warning of that official's tendencies and of his manifold acts of oppression in office.

Those members of the medical profession who were so eager to indorse him for reappointment are especially to be congratulated. We hope the few "loaves and fishes" he has thrown them is sufficient compensation for their voluntary self-abasement.

We hope those journals which have shown themselves such adepts in toadyism will be repaid, in some way, for such prostitution of the press.

It would really seem to be the wisest course for this official to take, who is the victim of persecution on all hands, to resign. His usefulness is gone. His chances to be our next mayor are vanished into thin air. His name has become a by-word, and the reputation of our health department and, through it, our city, is soiled beyond cleansing so long as he remains at its head. These are serious facts, and if Mr. Francis has the good of the people of this city so much at heart as he pretends, he will go back into the obscurity whence he came and cover his unfortunate habits with the decorous secresy of private life.

THE ice treatment of sunstroke, as carried out at the City Dispensary under the eagle eye of the Health Commissioner, has been pushed to such an absurd degree that at last there seems to be a prospect for a suit against that official for malpractice. A man sixty-seven years old was recently kept in the ice-pack for *five hours*, unless the city papers are mistaken. Certain disturbances of the central nervous system have resulted, hence the prospective suit.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, SEPT., 1879. NO. 6.

Original Communications.

A CONTRIBUTION TO THE EXPLANATION OF THE ETIOLOGY OF MALARIA.

BY F. W. ABEKAN, M. D.

Quinia is preëminently the remedy in malaria. Of all the theories, which try to explain the action of quinia, the one offered by Prof. Binz appears the most plausible, since all other theories, without enumerating them, are either positively contradicted by known facts or, falling short of an attempt at proof, are merely so many unproven, though not disproven, assertions. The experiments of Prof. Binz (Beziehungen des Blutes Zum Chinin, 1871) however render the theory very plausible, that quinine acts in malarial affections by restricting the ozone bearing property of the red corpuscles. Consequently, if this be true, malarial fevers must either depend on an increase of this ozone bearing property or on a preëxisting *excess of ozone in the tissues.*

Arsenious acid is also a known efficacious remedy in malarial fevers. At a meeting of the Neederrheimsche Gesellschaft fuer Natur und Heilkunde (January 13th, 1879) Prof. Binz related the result of some experiments with arsenious acid, which he had instituted with D. H. Shulz. He stated that at the temperature of the blood arsenious acid is transformed within glandular structures into arsenic acid, which in turn, after a while, gives back its oxygen to the surrounding tissues, thus acting as a carrier of nascent oxygen (ozone), like the red corpuscles. His experiments and his dissertation were made to explain the toxic action of arsenious acid. But if we consider that therapeutic doses of this acid will be eliminated at a stage when they have only absorbed oxygen, and before they have rendered it back, and thus caused symptoms of poisoning, we can conceive that in malarial fevers arsenious acid in therapeutic doses acts by absorbing and carrying off an excess of ozone. Consequently malarial fevers must depend on the presence of *an excess of ozone.*

At a meeting of the Medical Society of the County of Kings, New York, (Vide "Proceedings," Aug. 1879) Dr. W. Anderson stated his success in the treatment of malarial fevers with iodine. He also cited the favorable experience of many other practitioners with iodine, among others, that of Dr. Grinnell, of the Wichita agency, who treated 147 cases of malaria at all ages with iodine with results equal to those treated with quinia. (1) In view of the facts recorded in this paper of Dr. Anderson alone, the good services of iodine in malaria can hardly be doubted, though not generally appreciated by the profession. Experiment and theories on the physiological action of iodine however are remarkably few. Dr. H. C. Wood refers to some experiments of D. K. Kammerer, which tend to show that the action of iodide of potas sium depends on a consumption of ozone in the tissues. And most authorities affirm

that the action of iodine and iodide of potassium are similar. (2) Thus we have at least an indication that iodine, an alleged efficacious remedy in malaria, may act by abstracting ozone, and, if this be true, that malarial fever depend on the presence of an *excess of ozone*.

The fact that these three recognized remedies for malaria: quinia, arsenious acid and iodine, are antiseptics, has been offered as an additional support of the old orthodox theory, that "malaria consists of low vegetable organisms, developed by the putrefaction of vegetable substances," (Niemeyer). In view of this fact, though, that apparently these three remedies have the common property of actively interfering with the rôle ozone plays in the human economy, it is at least conceivable, that the symptoms of malarial poisoning are attributable to some chemical agent, some gaseous product of putrefaction, which, entering the blood through the lungs, is further decomposed and liberates oxygen, this noxious excess of ozone in the tissues, especially the glandular. Putrefaction can hardly be so simple a process of slow oxdation as most text-books on organic chemistry make it out to be. And it appears that, in this direction, more investigation than hitherto is required, if we would find out the nature of the malarial (and some other) poisons. The plausibility of the theory, that a chemical agent is the cause of malarial symptoms, is furthermore enhanced by the fact that, in spite of the closest scrutiny malarious spores have never been detected.*

This is not the place to enter on the significance of the fact, that two of these anti-malarial remedies, arsenious acid and iodine, exert their chief influence on glandular structures, and that in malarial disorders (yellow fever?) glandular structures: liver, spleen and stomach, are mostly implicated. Neither does space permit to found a complete history of the origin, nature, introduction and consequences of the malarial poison on the above suggestion. The object of this article is obtained, if it can induce those who have all the facilities for research in the physiological laboratories of our colleges—of course every medical colleges has one, well appointed—to lay aside for awhile the microscope, which will never help us beyond the entity of the cell, and to take up their chemical reagents to investigate the nature of the life-changes within the cell—in short, not to look for the malarial poison alone, but to also think for it and to feel for it with chemical reagents.

The importance of abstract speculation, of experimentation in the physiological laboratory, is too much underrated in this our pseudo-materialistic generation, which is so apt to sneer at every effort, if not immediately followed by practicable good results. This general neglect of experimentation and speculation is apparently caused by the fact, that with the rank and file of the medical profession, with the practitioner, success depends more upon "how the doctor smiles and how the doctor frowns," than on his training to correct thinking, so that the "doctor" very naturally cultivates his frowns and smiles more than he does his reasoning faculties. As a consequence many are led to forget that even an exploded theory, a disproven hypothesis is often of inestimable value to science, by showing where *not* to look for a hidden truth, and that any hypothesis, not in positive antagonism with established knowledge, may at any time become a determined fact. And the determining, collecting and comparing of *facts* is the only means with which blind empiricism can ever be successfully combated by science. This is true materialism. And if ever scientists should drop this contest with empiricism, they would merit the ignominious remark made by Dubois-Reymond at Munich: "ignoramus et ignorabimus!"

NOTE I—Six or seven years ago the

* See Abstract department of this number for recent researches.—ED. RECORD.

author of this article noticed a short recommendation of iodine as a prophylactic for malaria in some medical journal (either in *Braithwaite* or *American Journal*). Being at that time in charge of a hospital, to which many cases of malaria came for treatment, he had the opportunity to try the iodine treatment with evident good results, though only, as recommended in said journal, as a prophylactic. Since then he has used iodine for this purpose largely in private practice, and, after reading Dr. Anderson's paper, has even treated successfully four cases of tertian intermittent (one in himself) and one case of remittent exclusively with iodine. Of course the author does not pretend to prove anything with these few observations and offers them only for what they are worth, hoping that on the eve of our most malarial season others may be induced thereby to try the treatment and after awhile to adduce their more numerous observations.

NOTE II.—In 1876 the author repeated some of the experiments of Prof. Binz with various drugs, and, struck by the apparent lack of investigation into the physiological action of so important a remedy as iodine undoubtedly is, ventured on some original research with this drug. Through lack of facilities and lack of opportunity to discuss and take counsel, these researches were far from exhaustive. Nevertheless, omitting details for want of space, besides other observations, one fact appeared to be conclusive, viz: that a very weak solution of iodine, injected near a living gland, will perceptibly increase the secretion of the gland, which increase does not appear to depend on mechanical irritation, nor on an increase of innervation, nor on any dilatation of the capillaries, nor on any decrease (liquefaction) of the corpuscles, but solely on an increase of the physiological function of the gland cells (of course at the expense of the blood and the ozone of the corpuscles(?)). This observation may perhaps be considered another indication, that iodine modifies the transition of ozone in the tissues.

ST. LOUIS, MO., Sept. 1879.

Clinical Reports.

INFIBULATION AS A REMEDY FOR EPILEPSY AND SEMINAL LOSSES.

BY LOUIS BAUER, M. D., M. R. C. S., ENG., ETC.

In October last ('78) a young man requested castration at my hands, assigning as reason: frequent seminal emissions and occasional "trances" or paroxysms during night, likewise ending in serious losses.

To all outward appearance he was in the possession of a robust constitution and of excellent health; his age then twenty-two years; height about five feet eight inches, with a weight of one hundred and sixty pounds; form exquisite, well maintained and no derangement of any of the vital functions except constipation of the bowels. Whilst conversing with him, I noticed a marked nervous excitability with slight tremor of the hands and occasional jerkings as seen in chorea. Besides, he exhibited frequent blushes of the face, though free from all embarrasment in his intercourse with me.

The sexual organs presented no unusual appearance. There was no tenderness nor discharge at the time, but the prostate gland seemed to be in a state of abnormal turgescence, slightly tender and enlarged without any change in its structure.

These were the *species factorum* as elicited by careful physical examination. It was, however, evident that the mind of the patient was greatly agitated, that he lived in constant fear, that he might eventually loose his reason. Thus life had almost become a burden to him, and the thought of suicide had more than once occurred to him.

Hence his strange demand of castration in order to get rid of the source of his trouble by one stroke.

The present condition had obviously been brought about by excessive onanism, commenced at an early age (thirteen years). For several years he had experienced no inconvenience in strength or endurance, had enjoyed good appetite and rest. But at the age of eighteen years he got seriously alarmed by a nocturnal attack, which temporarily deprived him of his consciousness and left him somewhat debilitated. From that moment he stopped self-abuse. Since then he has experienced about twelve such "trances," all occurring in the first part of the night. Most of them had left but faint recollections. But once or twice he discovered himself in a strange attitude holding in embrace the bedclothes like a woman and passing through the movements of coition.

After such attacks he would feel dejected and despondent, and at times he had difficulty in figuring accounts.

Irrespective of those attacks there were frequent seminal emissions towards morning accompanied by lascivious dreams; after which he would wake and discover the evidences of seminal loss in his body-linen and the bed-clothes. The latter attacks are connected with and not unlikely produced by distension of the urinary bladder and rectum.

If there are any premonitory symptoms, the patient has no cognizance of them. As far as he can remember they are followed by a profound sleep from which he awakens with headache and distraction.

Although the patient did admit that, in his practice of masturbation, he had occasionally adopted the very method, the "trances" cannot be considered mere habitual repetitions, because:

1. He had completely abstained from the practice almost four years.

2. The "trances" were not so frequent as to pass as mere habit unconsciously.

3. They were accompanied and followed by such a change of symptoms as to qualify them as epileptiform or *petit mal.*

Most cases of this character are accompanied by almost the same diversity of nervous symptoms as in hysteria; they like to dwell on their troubles like hypochondriacs and attach the greatest importance to the most insignificant circumstances, they are, in fact, bores in medical offices. Yet it will not be difficult to observe a marked difference in the preceding instance. For the patient did nothing to enlist the special sympathy of his physician. He related his case as a matter of fact and made no attempt at exaggeration. An incidental moisture at the orifice of the urethra did not terrify him as is usually the case. In the saline turbidity of his urine he did not suspect the presence of semen, nor was his mind disturbed beyond the apprehension of losing his reason.

On the other hand there were unusual symptoms prevalent which do not strictly belong to the excessive loss of spermatic fluid. The headache was frequent and severe, more particularly at such times when he had passed through an epileptoid paroxysm. Then he exhibited more nervous excitability while dullness prevailed in his mind otherwise so impressive. It was then when he felt weak and prostrate, whereas the ordinary seminal emission left him unaffected. The most direct proof may be derived from a return of the symptoms by a single relapse of his "trance" after an absence of the same for nine months.

Thus it would seem, that no other diagnosis was admissible than that of *petit mal,* a view in which my friend and colleague, Dr. Wm. B. Hazard fully coincides, and in his profound knowledge of nervous diseases and diagnostic sagacity I would repose more trust than in my own in such cases.

If further evidence was needed for the correctness of the diagnosis, it might be derived from the results of the ensuing

treatment, the indications of which were in strict conformity with the pathological supposition.

Beside an appropriate domestic hygiene, bland, principally vegetable diet, cool temperature of the bed-chamber, cold baths, hard mattress, the avoidance of exciting influences in *baccho et venere*, by either unsuitable associations or lascivious reading, prompt evacuation of the bowels by aperients and cold water injections, etc., I resorted to the use of bromide of potassium and hydrate of chloral in ascending doses. Locally, frequent cold ablutions and hip-baths were advised, and, in fine, I transfixed the prepuce by two silk slings, and directed to fasten them in front of the glans penis on going to bed. The object of the infibulation being to wake the patient by pain when the penis should get in a state of erection.

This treatment proved effectual in preventing seminal emissions. For several months this treatment was adhered to. The slings were, of course, as often renewed at new places in the prepuce as the old ones threatened to cut through.

Since the patient has come under my charge, he has had but one paroxysm, as already stated, with which, temporarily, the bad symptoms reappeared. Seminal pollutions have almost entirely stopped and occur but in ordinary intervals from three to six weeks. The patient is now free from all complaint.

St. Louis, 519 Pine street.

A COMPLICATED LABOR.

Placenta Delivered First—Arm Presenting—Brachiotomy—Version.

BY JOHN GARDNER, M. D.

Was called to attend Mrs. T. in confinement. Multipara; age twenty-three years. Found her complaining of severe pains in the lumbar and lower abdominal regions, which had been continuous for some hours. She was at term.

On examination, found the vagina completely filled with a fleshy mass. There was but slight hemorrhage. In a few minutes the mass was pushed out by the hand of the fœtus; it was then recognized to be the placenta with the funis attached. I then found that I had to deal with a left arm and shoulder presentation. I made some earnest efforts to push back the presenting parts for the purpose of effecting version, but owing to the continuous and forcible contractions of the womb I was obliged to desist.

Having no one to assist me, or to administer an anæsthetic, I sent for Dr. H., who lived four miles away, and in about two hours he was present. During that time there was scarcely any intermission in the uterine contractions. Finding it impossible to return the arm, I proceeded to disarticulate it at the shoulder joint. Chloroform was then administered to complete anæsthesia. After many efforts, which were for a long time without success on account of the tetanic contractions of the uterus, Dr. H. effected version, and a few minutes later delivered the lady of a very large male child.

There was, I may say, no hemorrhage of any note from first to last. The patient recovered in about the usual time, but has suffered from vesico-vaginal fistula since her confinement. The opening into the bladder is large enough to admit the tip of the index finger, but she will not submit to an operation for its closure.

Dyersburg, Tenn.

ON HYPODERMIC INJECTIONS OF CHLORAL IN CONVULSIONS.

BY JOS. L. BAUER, M. D.

Country practitioners are frequently called upon to treat the various phases of convulsions; during the prevalence of the heated and malarial terms. Usually, they can be combated with comparative ease, but occasionally cases present themselves where the

usual methods are unavailing and the attendant is forced to develop some new resource to save the life of the patient. This is especially so in those cases living a few miles away, which can not reach the physician until complete coma has ensued, and *swallowing*, of course, at an end. It was my lot, last fall, to meet with several cases in which all the varied medicaments, consisting of chloroform, nitrate of potash, bromide of potassium, hydrate of chloral (internaliy), hot and cold baths, etc., etc., had been used successively with no result, and something had to be done to save the patients. I have great confidence in the effect of chloral and bromide potassium administered internally, but some cases resist its internal administration.

One case in point, is that of a little boy, aged about seven years, who had been treated in all manners and by all means until complete unconsciousness, The bowels were constipated; he had passed little urine; the skin felt clammy; the temperature was below normal; pulse slow and weak, until the commencement of the paroxysm, when it increased in frequency and fullness. The attack commenced at the angles of the mouth, going to the facial muscles and those of the eye, and then to the right and left side of the body until the child was convulsed *en masse*.

Realizing the inadequacy of prescribing any more af the pet prescriptions, I determined to inject four grains of hydrate of chloral hypodermically. Hardly had this been done one and one-half minutes, when every bad symptom disappeared and the boy slept soundly for about four hours. He then awoke, asked for some water, and slept soundly until the next morning, experiencing no bad effects from the procedure. A small abscess at the point of insertion ensued and was readily healed. I have tried the same method in several cases since that time, and feel some confidence in its use.

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Translations.

(Translated for the Clinical Record.)

PHYSICIANS ASSASSINATED AND BEATEN.—(*Lyon Médical*, 24 August, 1879) Three weeks ago the court of Viterbe condemned to five years imprisonment and inflicted a fine of twenty-five thousand francs upon a certain Domenico who had killed with a revolver the physician who had attended his child. It appeared to this assassin father that the physician was guilty for not having cured his son and of having used a treatment which did not have the complete sanction of another doctor called in consultation.

To-day, we learn from the *Journal de médicine de Bordeaux*, that an honorable physician of that city, an old physician to the hospitals and knight of the Legion of Honor, has come near being beaten to death by an Englishman for having performed an act of professional delicacy. The circumstances were as follows:

Having been called at near ten o'clock at night to give his cares to an unknown patient, our honorable brother responded. The patient was a very young infant, who was found in a desperate condition, a prey to a violent attack of convulsions. His father, mother, and three or four women were present.

Before commencing his treatment, M. X— believed he ought to ask the usual information regarding the beginning of the disease and the treatment already employed. He was told that another physician had already seen the patient during the day. Our colleague then very judiciously observed that it would have been preferable to call this physician again, who had been present at the outset of the disease and who had followed all its phases, and who, consequently, ought to be much better informed than himself as to the nature of the convulsions and their treatment.

At these words, the father of the child,

an Englishman, we believe, threw himself upon our colleague, and seizing him violently by the throat, exclaimed, "Rascal! Scoundrel! You won't attend my child, eh!" and began to beat him.

M. X—, who is no longer young, very happily had his cane with him. He defended himself as well as he could, and sought to beat a retreat. But he could not avoid a kick in the abdomen and, in parrying a blow, a dislocation of the thumb was occasioned. At this moment, the four or five women mixed themselves into the struggle and pursued our colleague to the stairway and rudely injured him. One of them, armed with a pair of scissors, attempted to put out his eyes. But M. X—, who used his legs, was soon out of their reach. As might have been expected, such a scene brought many people into the street, and they severely qualified the conduct of this stranger who so singularly understood the laws of hospitality.

Our colleague then went to the commissary of police and made his deposition. There was the material for a case before the correctional court that might have cost the ferocious boxer very dear. Unfortunately, on the counsel of some of his friends (badly advised, in our opinion) M. X— has not cared to follow up this affair. This we keenly regret. It may be possible, we admit, that in England or America a physician may be beaten with impunity by whoever calls him to his house at night; but in France, this is not in our manners, and this bellicose stranger should have learned it at his expense. Let us now hear an outcry against physicians who will not incommode themselves at night when they do not know the person who calls them! In faith! it is well worth the trouble to get up and be exposed to such assaults!

[As the French journal intimates, we understand these matters better in America. It is evident, from some recent events, that cowardly rufflanism is the qualification for academical and society promotion!—Ed.]

Intermittent Anosmia.—(*Jour. de méd. et de chir. pratiques*, Aug. 1879) M. Raynaud describes an extremely remarkable case, and, until now, unique in science. A woman, thirty-eight years of age, treated for a long time for tuberculous affections, but considered as almost cured, for two months exhibited the following symptoms: every day, about four o'clock P. M., the sense of smell disappeared almost suddenly, until the next day about ten o'clock A. M. It then returned almost as suddenly as it disappeared. In fact, the patient enjoyed the faculty of olfaction only six hours out of the twenty-four. During the rest of the time anosmia was absolute. Suppression of taste coincided with that of olfaction, which well demonstrates the close connection existing between these two faculties. Struck with the periodicity of these symptoms, M. Raynaud gave her sulphate of quinia, and the anosmia gradually disappeared after some days.

The interpretation of this fact is extremely difficult. Hysteria or simulation cannot be taken as the cause any more than a lesion of the mucous membrane; there was nothing more than marsh poisoning. This woman had been already affected with neuralgias, which had been ameliorated by quinine; but the fifth pair was in no way affected. It must then be admitted that the morbid action had directly affected the olfactory nerve itself. It may be that this phenomenon is less rare than has been supposed, as it easily passes unperceived.

On Vomiting.—(*Le Progrès Médical*, Aug. 23, 1879) Society of Biology, session of Aug. 9th, M. Arnozan, for M. Francois Franck and himself, presented the results of experiments made upon vomiting in the laboratory of M. Marey. Researches were made especially upon two points: the condition of thoracic pressure at the precise moment that the stomachic matters passed the cardia. In this relation the act of vomiting may be divided into two phases.

In the first there is a series of strong inspirations and thoracic aspiration becomes exaggerated at the same time that the abdominal pressure progressively augments. In the second, the thoracic pressure becomes positive and equals the abdominal pressure; this phase corresponds to definitive expulsion. We are to conclude that the rejected aliments pass the cardia in the period of thoracic aspiration, and this they prove conclusively by an ingenious mechanical contrivance that we have not the space to describe. They find that the vomited matters leave the stomach during the period of thoracic aspiration and the effort of expulsion is exerted especially to clear the œsophagus of the aliments which have flowed into its cavity and distend it.

BRACHIOTOMY IN SHOULDER PRESENTATIONS.—(*Ibid*) Paris Society of Surgery. M. Guéniot read a report on two cases of M. Cauvy, rejecting brachiotomy as a means of facilitating version.

M. Championnière admitted this so long as the child is living; but, whatever authors may say, he thinks that brachiotomy has a very important place when the child is dead and in embryotomy. He then communicated a process for embryotomy to the Society, with three cases in its support, in which brachyotomy played an important part.

Extracts and Abstracts.

NATURE OF MALARIA.—This subject is of such great importance to every physician practicing in the Mississippi Valley, that we offer no apology for occupying considerable space with an abstract of a paper in the August number of the London *Practitioner*, entitled, "Recent Researches on the Nature of Malaria, with Remarks on the Mode of Action of Quinine."

The recent researches of Prof. Klebs and Signor Tommasi-Crudeli, seem to have done much to settle the question. From observation of the phenomena presented by malarious regions and persons subjected to malarious affections, they reached the preliminary conclusion that the true cause was to be sought for in the soil itself. When the surface of the soil in which the poison is developed becomes dry, and the evaporation from the sub-soil becomes very active, the poison can rise into the atmosphere under the influence of ascending currents of air. The substance which causes malaria is not equally developed in soils of the same composition and the same moisture, and this has repeatedly led to the belief that it is a specific organism, which not only requires favorable external conditions for its development, but the presence of a germ to give it birth. But the conditions under which malaria is produced in the soil are not such as to disprove that other hypothesis that it is due to the formation of gaseous products in the soil, rather than to organisms such as in the last ten years have begun to be recognized as the causes of other infective diseases. Which of these two hypotheses is the true one is an inquiry of great scientific as well as great practical importance. After the meeting of naturalists at Cassel in September, 1878, the authors proposed to undertake this study in the spring of this year in the Campagna, near Rome, and established the methods to be adopted in their researches.

On April 9th they commenced the first series of observations. The method adopted was the same as that employed by Klebs to settle other pathological questions of a similar nature.

Firstly, the action upon the living organism of various sorts of earth, air and water of malarious places was investigated. They afterwards separated the solid from the liquid parts of the substances which had been recognized as capable of producing malarious infection, in order to discover separately the morbid action of each. These successive operations were performed in three ways—(1) on the hypothesis that malarious diseases are generated by parasitic organisms, they tried, if possible, to develop them either entirely, or to a great extent, by placing the substance containing the malarious poison under the same conditions which experience had demonstrated as favorable to their production. The soil, for example, was long exposed to air at the temperature of 30° to 40° C. (86° to 104° F.) during the day, thus insuring a rapid evaporation from the superficial

layers, the deeper layers were kept very moist.

(2) An exceedingly small quantity of infective material prepared in this way, and also of material which had undergone no preparation, were placed in various cultivating fluids, and the morbid action of the product of this first cultivation was then tested. They then tried whether the products obtained by successively cultivating minute quantities of the first product in new cultivating solutions exercised the same morbific action as the first product. Being successful in this, they next attempted to discover what parts capable of organic development contained in the primitive infective substance could be considered causes of the morbid process which they produced, since in the last crop of the series there was no trace, or at most only an exceedingly minute one, of the substances incapable of organic development contained in the primitive infective material.

(3) Finally they separated, mechanically, the fluid parts from the solid microscopical parts contained in the natural liquids produced by cultivation, when they had discovered that these liquids were capable of exerting a specific morbific action. The separation was effected by filtering through filters of plaster-of-Paris and other substances, so as to ascertain the separate action of the filtrate and of the residue remaining in the filter.

The morbific action of these various substances was tested by injecting them into the subcutaneous tissues of rabbits, and tracing a temperature curve from observations made every two hours, and finally making *post mortem* examinations of the animals. The three points sought as proofs of their action, were the regular intermissions of temperature, the swelling of the spleen, and the absence of pathological alterations due to other diseases. The following is a summary of the results of their observations:

"1. The malarious poison is found extensively and in great quantity in the soil of malarious regions, even at a season in which it does not usually produce malarial fever in man.

2. This poison may be gathered in such seasons in the strata of air which are found in immediate contact with the surface of the soil in places favorable for its production. In order to collect it we employed a powerful ventilator by which three hundred litres of air gathered from this stratum were driven in a narrow column with great force and velocity against a plate of glass covered with a solution of gelatine and placed in a little box. From this box the air was allowed to pass out after it had deposited upon the gelatine of this glass plate all the solid particles which it held in suspension.

3. Stagnant water, in malarious regions, does not seem to contain the malarious poison at this season, although it may, like that of the Lake Caprolace, for example, be very rich in low organisms. On the other hand, our researches demonstrate that a large quantity of water hinders the development of the malarious poison by rendering its germs inactive.

4. Our experiments on animals have given the following result: The injection of liquids obtained directly from the soil, or from artificial culture, and of the residue obtained by filtration from the cultivated liquids, always caused in the animals experimented upon a fever with a typically regular course, and with intermissions which, in some cases, lasted as long as sixty hours, and with a rise of temperature during the febrile stage which might attain 41°.8 C. The temperature was always measured in the rectum, where the normal temperature of rabbits is 39°.5 C., and oscillates within limits of a few tenths of a degree.

The filtrate from the liquids, even when injected in quantities five times as great as that of the liquids themselves, produced only slight increase of temperature of an intermittent character, or only a slight febrile condition immediately after the injection. It was found, indeed, that this negative result could be obtained even by simple filtration through doubled paper, so that it seems that the active particles of the liquid containing the malarious poison are retained upon the filter more easily than those which constitute the active principle of other infective poisons, such as that of malignant pustule and septicæmia. Some of our animals into which no malarious poison was injected, but which had become accidentally affected with septic poison, showed a temperature quite different from that of animals infected with malaria.

Some of our animals into which no malarious poison was injected, but which had become incidentally affected with septic poison, showed a temperature curve quite different from that of animals infected with

malaria. In this curve could be seen gradual elevations of the temperature, which lasted a pretty long time, or a continuous increase of alternating irregular curves. In all the animals infected with malarious fluids we found, without exception, very notable swelling of the spleen. In healthy rabbits killed for the purpose of determining the normal dimensions of the spleen; we found it to be 4 centimetres long, .8 centimetres wide, and .3 centimetres thick. The same dimensions in an animal which died in thirty-six hours, in consequence of an injection repeated twice, are as follows: Length, 8.3 centimetres; breadth, 2.3; thickness, 0.9 centimetres; so that the organ was nine or ten times as large as usual. The smallest spleen in the infected animals was 6 centimetres long, so that this dimension alone was one half larger than the normal. In many of these spleens, especially in grave cases, we found black pigment in large quantities, as in the melænic patches, which are produced in man in consequence of malarious fevers.

"The organisms which, according to our observations, are to be regarded as the true causes of malaria, since they are to be found in the infective liquids obtained by the earth from the air, and by cultivation as in the bodies of infected animals, belong to the gums *bacillus*. In the soil of malarious regions they are found in the form of numerous spores, which have the power of independent motion, and strongly refract the light. They have an elongated oval figure, and a maximum diameter of 0.95 micro-millimetres. They develop either within the body or in cultivating apparatuses into long filaments, which at first are homogenious. Later on, these filaments undergo transverse fission, which converts them into a chain, and on the interior of each link new spores develope. The first formation of these spores is parietal, but finally almost the whole interior of the link becomes filled with these little bodies. This morphological property seems to correspond to a particular species of *bacillus*, which we propose to call *Bacillus malariæ*, since we have seen it develop within the bodies of animals infected by malaria.

"In regard to the biological properties of this plant we may mention besides that it requires for its development the presence of free oxygen, and perhaps belongs to Pasteur's class of *aerobii*. It does not develop in water, but does so in liquids rich in nitrogenous substances, such as solution of gelatine or albumen, in urine and in liquids of the organism. Its greatest development in the body of infected animals occurs in the spleen and medulla of the bones, which in some of our cases contain long and homogeneous filaments, which measured 0.06—0.084 millimetres in length, and .0006 millimetres in diameter. This circumstance is noteworthy, since it is precisely in these organs that the most characteristic anatomical alterations are to be found, in consequence of grave malarious fevers in man."

The editor of *The Practitioner* then refers to Salisbury's observations, published in 1866, in the *American Journal of the Medical Sciences*, in which the spores of *palmella*, a species of alga, were alleged to be the true means of infection in malarious affections. H. C. Wood, Jr., and Leidy, of Philadelphia, showed that the palmella contains chlorophyll, and requires light for its development, and therefore cannot thrive in the animal body. It is remarked: "Wood and Leidy appear thus to have shown that Salisbury was wrong in regarding the malarious poison as a palmella, but he may nevertheless have been right in looking upon it as a kind of alga."

The researches of Lanzi and Terrigi, in 1875, are carefully recapitulated, and no doubt is thrown upon their trustworthiness. These were so fully described in Professor Hammond's remarkable article in the CLINICAL RECORD for Sept., 1877, that we do not need to do more than allude to them. The editor then remarks: "We thus find a general consensus of opinion amongst Salisbury, Tommasi-Crudeli, Cohn, Lanzi, and Terrigi, as to the vegetable nature of the malarious poison, although they may differ as to the exact species of algæ composing it, and at last we are able to get some notion of the mode of action of quinine in malarious disease. Besides the curious intermissions of ague, there are other points about malaria which seem very puzzling. One of these is the way in which malaria may again exert its power after a long interval when the system becomes depressed from other causes. This phenomenon may be explained by the observations of Lussanna. He found that poisons taken into the stomach do not at once pass into the general circulation, and, indeed, when taken in small quantities may never get into it at all. They are absorbed, indeed, from the

stomach, and carried by the blood of the portal vein to the liver, but here their course is arrested. They are removed from the blood and excreted by the liver with the bile. Along with the bile they pass into the duodenum, and, after traversing it for a certain distance, they are again re-absorbed, carried a second time to the liver, and a second time re-excreted. Thus they may go on in a continual round, never passing through the liver, and thus never getting into the general circulation. When the quantity of poison, however, in the portal circulation is too great, the liver is unable to return the whole of it, and so a part of it, passing into the systemic circulation, will reach the nerve centers, and thus produce its poisonous effects. The poison with which Lussana chiefly experimented was curare, but metallic poisons were also excreted in the same manner, and what is true of them Lussana believes to be true also of the ague poison. If this poison really consists of the spores of a species of bacillus, these will, probably during respiration, be deposited upon the mucus covering the mouth and nares, in the same way that they were upon the gelatine plate in Tommasi-Crudeli's and Cohn's researches. The mucus may be swallowed, and the spores, being absorbed from the stomach, will be carried by the portal vein to the liver; there they will be absorbed, and part of them return with the bile to the duodenum, from which they will again undergo absorption and re-excretion by the liver. But it is probable that the whole of them will not be re-excreted. Some of them will be actually destroyed in the liver, for Schiff and Lautenbach have shown that this organ possesses the power of decomposing several organic poisons, and it is not improbable that it may decompose the malarious poison as other poisons. So long as the conditions in the portal circulation are such as to prevent the spores from ever becoming so numerous as to pass through the liver, they may indeed cause direct changes in that organ, and secondary changes in other organs connected with the portal circulation, but being unable to get into the general circulation, they will not produce any well-marked malarious manifestations. Should, however, their number increase, either from their natural tendency to multiply after certain intervals, new crops arise, or because some alteration in the composition of the portal blood should especially favor their growth, they may pass through the liver, and, entering into the general circulation, may produce a fever fit. The same might occur if the pressure of blood in the systemic circulation were much lessened, as, for example, after hæmorrhage, weakness from long fasting, debility from an attack of acute disease or general nervous depression, which, by lowering the tone of the vasomotor system will lessen the blood-pressure in the systemic vessels. For then the portal blood would pass more quickly into the vena cava, and might carry with it a portion of the spores. So long as the tension in the vessels generally is high, there will be comparatively slight tendency for the blood to pass from the portal vein into the systemic circulation, and, besides, the vessels of the liver may partake in the general tension, and thus present a greater obstruction than usual to the passage of spores through them."

As to the mode of action of the spores upon the nervous system, it is suggested that this is probably an indirect action, *i. e.*, by means of the substances they produce in the fluids of the body during their growth. "They may indeed have an action like a ferment, as supposed by Lanzi, and just as the spores of the yeast plant in the portal circulation would probably not act upon the brain and nervous centers directly, but only indirectly, through the alcohol to which it might give rise during its growth, so the malarious spores produce in their growth various products in place of alcohol whose nature is to us as yet unknown, but which, and not the spores themselves, are the direct cause of the malarious phenomena."

Quinine may act by checking the growth or multiplication of these growths, or may kill them outright. Emetics and cathartics remove them bodily, etc.

THE CONTAGIUM OF SYPHILIS.—(London *Medical Record*, from *Archiv für Experiment Pathol. u. Pharmakologie*, Band X.) Prof. Klebs has made an experimental study of the inoculation of syphilis upon some of the lower animals. Hunterian chancres were removed from patients by antiseptic means; parts of each chancre were preserved in hermetically sealed tubes, and inoculations were made from these, either before or after cultivation. Under certain conditions syphilitic indurations are not infective, or have ceased to be so at the time of inoculation; as these show the

same histological elements as those that do infect, it is concluded that the cells are not the carriers of the virus, these being present in both cases. The author believes that the various stages of development of a fungus correspond with the various grades of infectiveness, which view is supported by the fact that he found that the extirpated masses were more active after they had been preserved for some days in glass tubes prior to their insertion. In fresh specimens, organisms were recognizable as active mobile grains and short rods.

His first experiment was made on April 15, 1875. A Hunterian chancre was removed antiseptically and transferred to a glass tube heated to redness and closed with cotton-wool. Three days later, April 18, it showed no signs of putrefaction; the tube was opened under salicylic acid spray, and pieces of the mass were transferred to two cultivators. At the end of twenty-two days, microscopical investigation showed the presence of micrococci and rods. With this material a black rabbit was inoculated in the anterior chamber of each eye. Considerable inflammation of the eye was excited, followed by rapid wasting, and death took place on the 19th day. The left side of the liver contained a small circumscribed, yellowish-white deposit, with gristly thickening of the neighboring serosa. The left cornea, also, showed morbid changes.

On July 8th, a second experiment was made, this time upon an ape. Three injections were made—one into the prepuce, another under the right nipple, a third under the left. Nothing was noticed, except that an abscess formed at the seat of one of the punctures, until seven weeks after the inoculation. Then the animal became very ill, and a granulation tumor formed in the gum of the upper jaw. It died on Aug. 31st. The lung contained extensive tough yellow masses with cheesy centers, the peripheral parts of which were rich in spindle cell forms, and, therefore, unlike tubercle. Moreover, these changes were in direct communication with a caseous abscess under the left breast; one of the spots where an injection had been made. Extensive changes were also found in the skull, in the shape of caseous deposits and bare bone. The deposits presented the same microscopical appearances as those in the lungs; they were very vascular, and their softer parts contained rods in threads, in clusters, and groups which corresponded with those found in the cultivation apparatus.

The next series of experiments was made in May, 1877. The material was furnished by a hard chancre removed by Professor Weiss half an hour previously. The surface of the ulcer showed a thick layer of micrococci, which exhibited lively movement in a mixture of glycerine, water and common salt. Three rabbits and a dog were inoculated from the fresh chancre in the submucous tissue of the genitals. The results were negative. Two Guinea pigs were inoculated by injection into the peritoneal cavity; continuous wasting set in and the animals died. No changes were found in the viscera, but actively moving bodies were found in the urine, pericardium and bile of one animal. Pieces of the same chancre were placed in a cultivator, and twelve days later a Guinea pig was inoculated from the resulting growth of rods, grains, etc. Next day the part was somewhat swollen, and in three days the animal was dead. Organs healthy, but a few moving rods and micrococci were found in the blood.

Some of the material in another cultivator was left for a month—it no longer contained rods, but only micrococci. With this, and with some material obtained by cultivation from the bile of the recently dead Guinea pig; two parallel series of observations were made with Guinea pigs, rabbits, dogs and a goat. The inoculations were made on June 8th; and on the 12th the goat and one dog showed some swelling at the seat of puncture, and the dog some subsequent swelling of the inguinal glands, the inoculation having been made on the penis; but these early changes disappeared, and the experiments appeared to have failed. But on July 5th, one of the rabbits died unexpectedly, and in a quantity of fluid in the peritoneum were found micrococci; no trace of peritonitis was found On October 1st, a Guinea pig died; it also had ascites, but no peritonitis. Professor Klebs thinks these instances somewhat similar to the case recorded by Dr. Schütz, in 1878, of a new-born syphilitic infant with ascites, the condition being associated with extensive narrowing of the small arteries; but the arteries were not examined in these animals.

Of the two dogs, one died on Aug. 22d; it had lost weight continually. Some rather

equivocal appearances in the cranial bones were found. The other being quite well for several months, was devoted to other purposes. When it was examined, the spongy substance of the long bones in the whole extent of the epiphysis and part of the diaphysis was converted into compact tissue, and no trace of the epiphyseal line remained. In the cranial bones, eroded and carous patches were found.

A fourth series was conducted upon a pair of monkeys. The male was inoculated immediately from an extirpated chancre. The latter being removed, a small piece was deposited under the skin of the scrotum. No ill results followed. From the same chancre two pieces were taken and cultivated. The material became yellowish-gray and black, very offensive, and, on the sixth day, it contained a sprouting bacillus with active movements. The female was inoculated by subcutaneous injection. Suppuration occurred, and the part healed without any further ill result. The male was again inoculated from a fresh chancre; same result. The female was subsequently inoculated from another extirpated chancre. For six months it appeared quite well, then it began to shiver. Temperature rose to 104°, and an eruption appeared on its face. It died on May 17th, having been inoculated on Dec. 29th. Characteristic changes were found in the lung, cranial bones and kidney. In the lung there appears to have been a very characteristic gumma. They were distinguished from tubercle by being entirely interstitial, and by being composed of spindle-cells and other elements in a glassy-looking protoplasm. Similar appearances are found in the indurations of a fresh chancre. By cultivation of the blood of this animal, masses of fungus were produced, consisting of spirally twisted masses of elongated rods, arranged in colonies and chains, to which the name Helicomonads is applied.

The following are the conclusions from these observations:

1. Syphilis in man can be communicated to animals by inoculating them with portions of the syphilitic new formations. But the disease is not the same for each genus. With apes, the disease is quite the same as in man; rabbits have given other results which, if not striking, nevertheless will not allow any mistake as to their similarity with the disease in man.

2. In syphilitic new formations in man, certain low fungoid organisms are found, which develop into peculiar forms—Helicomonads.

3. By the transference of these to selected animals, changes are set going which correspond not only with those of genuine syphilis in man, but also with those of the inoculated syphilis of animals.

Insanity of Malarial Origin.—(Hammond's *Neurological Contributions*, No. 1.) The patient, a woman aged twenty-seven, free from hereditary tendency to insanity, was brought to Dr. Hammond for treatment, Feb. 9th, 1879. She had suffered repeatedly from malarious fevers, which had been treated with various "ague cures," but remained in a cachectic condition, was pale, subject to headaches, had no appetite, and little mental or physical strength. Dec. 18, 1877, she suddenly became maniacal, and next day was sent to a lunatic asylum, where she remained until she came under Dr. Hammond's observation. At that time she was profoundly melancholic, had hallucinations of hearing, but no fixed delusions. She had made two not very determined attempts at suicide. She slept little, and then only for an hour or two towards morning. There were almost constant headaches, located mainly in the vertix, frequent attacks of vertigo, flushings of the face, and distressing tinnitus aurium.

Examination with the ophthalmoscope showed the existence of pigmentary deposits in both retinæ; and a drop of blood taken from the forearm also contained pigment; also, the blood obtained by puncturing the spleen with a small hypodermic syringe, contained pigment both free and in cells.

She was averse to returning to the asylum, and Dr. Hammond thought she could be treated as well at home. She was ordered a full and nutricious diet and ample exercise in the open air regardless of the weather. One centigram (1-6 grain) of morphine, and five milligrams (1-12 grain) of arsenious acid, were prescribed to be taken three times a day, the former before, the latter after eating.

"Under the influence of this treatment, sound and refreshing sleep was at once obtained, and the nervous system became much more quiet. Little by little the mental depression faded away, and at the same time the hallucinations of hearing also gradually disappeared. The spleen became

reduced in size, and at the end of a month there was no longer any pigment to be found in the blood, though the deposits in the retinæ still remained apparently unaffected."

On March 22d she was in a fair state of health; no hallucinations; sleep sound and refreshing; morphia discontinued over a week; spleen reduced to nearly its natural size; pigment spots in retinæ breaking up and tending to disappear. Arsenious acid to be continued for two months longer.

Sydenham, Baillarger, Griesinger and Dagonet are quoted in support of the malarial origin of insanity in certain cases. He places great reliance upon arsenic as the chief curative agent. It acts with much greater efficiency than quinia or any other anti-periodic, not only in insanity, but in other brain affections of malarial origin.

FATTY EMBOLISM.—(Strasburg letter to Cincinnati *Lancet and Clinic*) At Professor Recklinghausen's demonstrations of pathological anatomy, two cases were presented having one thing in common: an extensive fatty embolism of the lungs, so extensive that in both the fatal termination was to be ascribed to it.

In the first case death occurred about forty-two hours after resection of the carious head of a femur, the patient, a young man of twenty-three years of age, otherwise fairly nourished and splendidly developed; who, for the first twenty-four hours following the operation had been doing very well, but then suddenly and without any previous warning grew worse and died in a most profound collapse. Macroscopically, none of the organs or tissues presented anything abnormal, and it needed the microscopical examination of the lungs to account for the sudden and unexpected death. In the other case, a man forty-nine years old, there existed very extensive and very marked chronic end-arteritis, with granular kidney and an immense hypertro phy of the left ventricle. The disease of the arteries had gone so far as to lead to the complete occlusion of both tibial arteries on one side and dry gangrene had begun to manifest itself when the patient suddenly died, with some symptoms of apnœa and the microscopical examination revealed again large masses of fat in the arteries and capillaries of the lungs, whose ramifications could be traced by the dark borders of the fatty masses, which completely filled them. According to the researches of Busch, it would seem that this fatty embolism of the lungs occurs in greater or less degree in all cases where the continuity of a bone is interrupted, hence even in every simple fracture. Usually, the quantity of fat resorbed into the blood, according to this author, is small, the consequent embolism is limited as to the number and quantity, and the fat is gradually removed by collateral vessels, but when this condition becomes marked, as in the above two cases, it is sufficient in and of itself to cause death.

BONE-MARROW NOT AN HÆMATOPOIETIC ORGAN.—The very generally received opinion that the marrow of bones has an hæmatopoietic function is denied by M. Pouchet, who has been making a series of experiments in regard to the matter. He experimented on dogs, cats and fowls. His method of procedure consisted in bleeding the animals periodically, and removing the tibiæ between successive bleedings for the purpose of examining the medulla. His conclusions are that bone-marrow makes no blood corpuscles. He advances the not very original or satisfactory theory that the red blood-corpuscles either originate spontaneously or are evolved as a kind of product from the white blood-corpuscles.—N. Y. *Medical Journal.*

BOLDO acts as a stimulant to digestion, and exerts a marked influence upon the liver; this property residing in both the leaves and young stems. A flock of sheep affected with a disease of the liver, were shut up in an inclosure in which the gaps had been repaired with boldo twigs; of these they ate and recovered after passing large quantities of the "liver fluke," or gourd worm, which produce the so-called liver disease. Hence the discovery of their medicinal qualities.—*New Remedies.*

NON-MERCURIAL TREATMENT OF SYPHILIS.—Dr. J. P. H. Bodian (*British Medical Journal*) reports several cases of syphilis treated variously: *hot baths in every case*—no exception; internally, iodide of potassium, nitrate of potash, opiates, cinchona; locally, fuming nitric acid, nitrate of silver or sulphate of copper. No relapses.

PYROGALLIC ACID is strongly recommended by Kaposi, of Vienna, as a caustic in epithelioma. It is quite painless in

action. In cases of epithelioma of the face, it was found to remove the diseased portions of tissue as thoroughly as arsenical paste, and did not affect the sound parts.—*Med. and Surg. Reporter.*

TETANUS FOLLOWING VACCINATION.—Dr. George Ross, (*Southern Clinic*), writes as follows: "I desire to place on record notes of the following, to me, anomalous case: Edward K., three and a half years old, of healthy German parentage, never sick since a mild attack of scarlatina in early infancy, was visited at 8 o'clock P. M., June 5th, 1879, and found to be suffering with tetanus, from which he died before 8 A. M. the following morning. He had no evidence of having, either recently or remotely, received an injury of any sort—no wound by puncture, laceration or incision at any time since birth, with the exception to be mentioned. It was only during the early part of the day that his family noticed a peculiar expression about his face, and an occasional elevation of his arms and shoulders, which culminated at dinner in such a pronounced convulsion that he fell from his chair to the floor. Quickly following this fall he had two spasms, of such severity as to necessitate the calling of a physician. When I reached the house the 'Sardonic grin" was pronounced, and the jaws tightly locked, several spasms occurring during my brief visit. As the night advanced they recurred with rapidly increasing frequency, and only ended with his death. Three weeks previous to his attack, he had been *vaccinated* by a German midwife, the virus inserted in two points on the left arm. Upon one of these sites, a normal looking, almost dry crust appeared, and at the other a *highly inflamed ulcer*, from which the crust had evidently been forcibly torn. To my mind this furnished a satisfying cause for the disease.

THE METRIC SYSTEM UNDER HIGH PRESSURE.—We are in the occasional receipt of circulars from a certain "Metric Bureau" establishment in Boston, the object of which is to push the metric system into immediate use, *vi et armis*. Somebody who will gladly inform everybody how to obtain the new weights and measures "at the lowest cost," keeps up a steady stream of advertising circulars, No. 46 being the last received, not merely advising and informing, but denouncing and abusing all physicians and others who fail to adopt the system instanter. "We need a benevolent despot who would *compel* the use of the metric system after a fixed day"—is the way the last circular puts it. People are not fond of having things crammed down their throats in that style, however good and wholesome they may be. Radical changes in the language and customs of a nation are never accomplished at a blow. It took the French Academy and the literati of the kingdom many a long year to make the simple change in the form of the verb distinguishing the future tense—a change only of a single letter, substituting *a* for *o*. It is idle to talk of physicians adopting the metric system in writing prescriptions before pharmacists shall have been well drilled in the new formulary. Impelled by the passion for novelties which marks our people, many of them catch it up eagerly, seeing only its advantages. After a time the disadvantages and evils of the change will appear and the reform will lag. Ultimately, we have no doubt, the system will be universally adopted, but none the sooner for the attempt to carry it at the point of the bayonet.—*Pacific Med. and Surg. Journal.*

LEPROSY IN JAPAN.—Dr. John C. Berry, five years a missionary in Japan, in a paper presented to the College of Physicians of Philadelphia and published in the Transactions, concludes as follows:

1. Leprosy is limited in its power, and cannot propagate itself beyond five generations if due attention is given to the care of its victims.

3. Under certain conditions of soil and climate, combined with whatever tends to depress the vital powers either morally or physically, it is endemic; and these latter influences play an important part in the early production of the disease in those who inherit a tendency to it.

3. While as yet there has not been discovered any remedy for the cure of leprosy, yet it is susceptible of great improvement under proper medicinal, hygienic and moral treatment.

4. The disease is sure to reappear if, after treatment, the patient returns to the old habits of life in which the malady first made its appearance.

5. Evidence is wanting that leprosy is contagious in the ordinary intercourse of life, but it may be transmitted like syphilis by inoculation.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - SEPT., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

BUSINESS NOTICE.

This number of the CLINICAL RECORD has been unavoidably delayed on account of a number of new advertisements, to which we call especial attention.

Subscribers who have received bills will kindly forward their postal money orders.

Advertisers will find it to their advantage to furnish copy early in order to receive the benefits of the large number of specimen copies we shall send out during the remainder of this year.

TO POSTPONE THE FINAL MOMENT.

To prevent disease; to check its inroads, when once it is established; to prolong life, when degenerative or destructive changes already in progress tell the experienced physician that this is his only province; to smooth the way that leads to the grave; and, finally, to gain as much time as possible for the last duties of life, these are all recognized as being within the legitimate limits of our art. The final proposition possesses more than a sentimental interest, although the clinging to life after all hope of recovery has fled; the instinctive fear of the last great change, and the selfish desire to keep our friends and relatives with us as long as possible, give to it sufficient weight to engage our attention. In fact, the love of life and fear of death are the two foundation stones of medical practice, without them our profession would be without a reasonable excuse for its existence.

"Back to its mansion to call the fleeting breath," even for one little moment, may have a money value of vast importance. The successorship to an estate, the making of a will, the taking of an *ante mortem* statement that shall fix criminal responsibility, relieve the innocent from suspicion and insure the punishment of the guilty, any or all of these may depend upon the physician's ability to delay the final moment.

The long search for the elixir of life, to which we owe much of the science of chemistry; the quest for the fountain of youth, that inspired Ponce de Leon; the earnest desire for stimulants, experienced by the entire race, have had, more or less distinctly, in view the putting off for a time the inevitable end of all things earthly, so far as the individual is concerned.

The transfusion of blood in cases hopeless as regards cure; rectal alimentation, in gastric cancer; removal of fluid by paracentisis, in far advanced cirrhsis and ovarian cysts, have this object more immediately in view.

But we desire to call attention to the last day of life; when the patient is absolutely beyond hope of seeing another morn; when the breath is drawn with increasing difficulty and the heart fails to send the blood to the brain and extremities with perceptible force, when the sunken eye and cyanotic hue tell us, as they told the Old Man of Cos, that vital action is about to cease and the crude forces of nature will soon assert their sway.

To the incomparable genius of Edgar Poe we owe a fanciful sketch—wonderfully realistic—of the effects of prolonging the last hours of a dying man for a period of several months. "The Facts in the Case of M. Valdemar" must be read to be fully appreciated. The so-called "mesmeric

state" is made use of to defer all changes in a corpse, the patient being mesmerised when *in articulo mortis*. The effects are depicted with as much minuteness as the recent Australian experiment of "suspending animation" in sheep and cattle have been by the daily press! Poe carried the idea to its logical conclusion, much further than we intend doing in this paper.

Our friend, Dr. E. A. de Cailhol, relates a remarkable instance that indicates a new field of usefulness for amyl nitrite. He had been the attendant of a young woman suffering with phthisis. He had lavished his cares upon her and had succeeded in lengthening her days beyond the fondest hopes of her relatives. At last the fatal day arrived. The physician was summoned at nine o'clock, A. M., and found her evidently *in extremis:* extremities cold, radial pulse gone, respiration gasping and tracheal râles evident to every one in the room. He told the friends that his presence was useless, that nothing could delay the fatal termination. It was insisted that he should remain and do everything possible. He noticed the pallor, coldness and cyanotic hue of the limbs and countenance and concluded to ascertain the effects of amyl nitrite. Three drops were administered by inhalation. The pulse returned to the wrist, the face showed some color, the respiration became more free and lost its almost stertorous character, ability to swallow and to speak, which had been lost, returned. This rallying of the vital forces lasted for something over an hour, when the depression returned to almost its former extent. The nitrite was used again and again, with less and less effect, however, until ten o'clock P. M., when it failed to exert any influence over the heart and vessels, and death occurred quietly and painlessly.

It is probable that the amyl nitrite acted by removing an obstruction to the blood-current. It dilated the arterioles of the entire body, thus allowing the enfeebled heart to propel the blood to the utmost extent possible. It may not have directly increased the force of the heart's contractions, but that organ was enabled to make use of all the strength it possessed to drive the blood through its appropriate channels, without hindrance from a spasmodic contraction of the vessels.

It is not necessary to do more than to direct attention to this agent so powerful for good, so safe in its application.

JUSTICE TO SURGEON-GENERAL WILLIAM A. HAMMOND.

On August 27th, the President placed Dr. Hammond upon the retired list as Surgeon-General of the United States Army. This action was taken in accordance with a recent act of Congress authorizing a military court to review the proceedings of the court-martial which dismissed him from the service fifteen years ago.

We rejoice that justice has finally been done and a stigma removed from the name of one who has done much to place American medicine in the highest rank among the nations. As original investigator, writer, physician and surgeon, Dr. Hammond has few rivals in the entire world. His name is now cleared from all those unjust aspersions which were thrown upon it by personal and partisan malice. His vindication is complete.

We append some passages from his personal experience, which may serve as an example of what can be accomplished with energy, unconquerable perseverance and *brains*. We quote his own words as given to a reporter of the New York *Tribune:*

"When I was dismissed the service," said Dr. Hammond, "I resolved to go to the biggest place in the world and live it down; and so I came immediately to New York. I made no effort to get reinstated at the time, and determined not to do so until I could achieve success in my profession, and could ask to be restored to the list without back, present or future pay or allowance of any kind whatsoever. When

I arrived here I had nothing, and was obliged to borrow money from whosoever would loan it to me in order to support myself. There were times when I really did not know how I was to get my next meal. I supported myself as best I could. I took to writing for the newspapers. Amongst those that published my articles were *The Nation* and *The Round Table*, and I also contributed to other periodicals. My struggle at times was desperate. I came here in September, 1864, but did not begin to have any kind of practice until January, 1865. I then opened an office, but during the entire month I did not take in one cent. In February I received $45; in March, $150; in April, $10; in May, $205; in June, $140; in July, $300; in August, not a cent; in September, $60; in October, $275. I began to think I should never get along, and should probably not have been able to remain here if it had not been just about this time, in a fortunate moment, I was engaged to go to Europe with Eugene Langdon, grandson of the original John Jacob Astor. My engagement was for six months. I was to receive a fee of $10,000 for my attendance, and my expenses were all to be paid. This brought the sum total to about $17,000 currency. I received one-half, or $8,000, in advance, the balance to be paid on my return. We left New York in November, 1865, and did not return until June, 1866, when the amount due me was paid, and this gave me a start. I resumed my practice here, but in the month of July of that year I only took in $10. In August I received $10, in September and October nothing, in November $10, and in December $10. I may say that my practice really began in 1867. During that year my receipts were $2,225, and in 1868 they were increased to $9,600. Since then they have yearly increased, until in 1878 they reached upward of $60,000.

I looked back over the last fourteen years of my life with much satisfaction when I reviewed what I had done under the heavy load of adversity and odium which I had been forced to carry. I felt that the time had now come for me to seek moral redress. Yet I was fearful that if I should make any attempt to get back on the list it would be said that my effort was simply a scheme to take money out of the Treasury. I did not want people to think or say that I was after the money; so with great care I drew up a bill which, if passed, would authorize the President to review the proceedings of the court-martial which tried me, and to annul and set aside the findings and sentence, if proper so to do. Then, in order to meet any insinuations of greed on my part, I inserted in the second section the proviso that if reinstated, I should not be entitled to back, present or future pay or allowances of any kind whatsoever. My pay as Surgeon-General was $6,000, and had I insisted upon the arrears being paid, the emount for the fifteen years would be $90,000. But I have asked nothing. While I have always felt that I have been unjustly treated, and that, too, through the fault of the Government, I also realized the fact that while in the years immediately succeeding my dismissal I suffered greatly, I was nevertheless placed by that act in a position where I could make ten times as much as if I had remained in the service as Surgeon-General. Taking this equitable view of it, I did not ask for the money.

Mr. Conkling offered my bill in the Senate, and advocated it warmly. There was no debate, except that when the bill was presented Mr. Plumb, of Kansas, attacked me severely in a one-hour's speech. It was then that Mr. Conkling said what he had to say in my behalf. Mr. Plumb immediately called for the yeas and nays. When the call of the roll was completed it was found that fifty-five had voted in favor of the bill, and one—the solitary Plumb—against it.

C. Conrad & Co.—We do not profess to have, personally, tested or tasted *all* the articles advertised by this enterprising firm; but can state that all those we have had occasion to prescribe in our practice have been of most excellent quality, undoubted purity, and moderate price.

Their "Budweiser Beer" is certainly of the very highest quality and deserves the full confidence of the profession in all cases in which malt liquors are indicated.

Wm. R. Warner & Co.—We have recently made a further test of "Ingluvin" in cases of indigestion, and find it as effective as pepsin, while the price at which it is sold is much less. The addition of a few drops of dilute hydrochloric acid to each dose increases its efficiency.

Book Notices and Reviews.

LESSONS IN GYNECOLOGY. By William Goodell, A. M., M. D., Physician-in-Charge of the Preston Retreat, Professor of Clinical Gynecology in the University of Pennsylvania, etc., etc., etc. 8vo. pp. 380, with eighty illustrations. Philadelphia, Pa.: D. G. Brinton, 115 South Seventh street. 1878. St. Louis: Hugh R. Hildreth Printing Co. Cloth, $3 00.

Dr. Goodell's long-looked-for-book fulfills all our expectations. It is full of original thought expressed with striking emphasis. The language is quaint and, at the same time, most attractive. Like the works of Sims, Thomas, Emmet, Peaslee and Atlee, who have made gynecology an American science and art, it is conspicuous for the *practical* character of its contents. It makes no pretense to be ranked with the systematic treatises, but is simply a clinical exposé of certain views of the author. "Lessons," the title chosen, is the one most applicable to the contents of the volume.

First, a description of the instruments required is given, including, of course, "the author's speculum;" we are glad to see that this is the only instrument that he has "improved or modified."

A short, but thoroughly good, account of urethral and vesical affections in women follows. The different varieties of fistulæ are described; then an illustrative case of closure of the vulva for incurable vesico-vaginal fistula, and one of tumor of the vulva is delineated.

Perineal laceration is treated of in the sixth lesson. He strongly condemns the ordinary method of "supporting the perineum" during labor. His own method is as follows:

"For many years I have not touched a pereneum for the purpose of saving it. Sometimes I do nothing; at other times I make simply a retarding and guiding pressure with my fingers and thumb spread over the head of the child as it crowns. When the perineum is very rigid, I relax it, by hooking up and pulling forward the sphincter ani, with two fingers passed into the rectum, while with the thumb of the same hand I make the needful restraining pressure upon the head. For this method I claim the following advantages: (*a*) By pulling up the sphincter ani towards the pubes, not only is nature imitated, which always dilates the anal orifice, but the perineum is brought forward without direct pressure, and its dilatation is diffused over its whole surface, causing a corresponding relaxation of the strain on the posterior commissure in the line of its raphé. In addition, its muscular fibres are crowded up to, and consequently strengthen, the line of greatest tension; just as a prudent general hurries up reinforcements to the point of attack. (*b*) The same force which dilates the sphincter ani compels the occiput to hug the pubes and favors extension, especially if the fingers in the rectum are hooked over the prominences of the fœtal face or over the chin. (*c*) This aid is not liable to sudden interruption from the movements of the woman. (*d*) The thumb of the same hand, together, if needful, with the fingers of the free hand, can, by direct pressure upon the presenting part, restrain its too rapid advance without exciting that reflex uterine action which is so frequently evoked by the irritation of contact with the perineum. (*e*) The circulation of blood remains free, the nerves are not benumbed by a double pressure, viz., by that of the hand and that of the presenting part; and the perineum, therefore, continues in its natural condition, that of a living, elastic and sentient tissue."

He would hold the accoucheur responsible for many of these accidents. The operations—primary and secondary—for laceration are well described.

The local and constitutional treatment for chronic metritis and endometritis, next receive attention; with especial emphasis upon the latter.

Retroversion and retroflexion of the womb are hurriedly noticed in the ninth lesson; while anteversions and anteflexions are treated of in the one following. No reference is made to Gehrung's pessaries for the last class of affections, which is to be regretted.

Rapid dilatation of the cervical canal is strongly advocated in Lesson XI. The author's enthusiasm is not shared by all gynecologists. The same may be said of his defense of the intra-uterine stem-pessary —a most dangerous appliance.

The vexed question of pessaries in general, next engages the author's attention. Campbell's "Pneumatic Self-Replacement of the Uterus" is commended. He has much faith also in external abdominal supporters.

Prolapse of the womb is well described and treated of at length in Lessons XIV and XV. He advocates amputation of the cervix in certain cases with much force of reasoning. Here he is in direct antagonism with Dr. Emmet.

The recently elaborated subject of laceration of the cervix uteri, occupies Lecture XVI. Oddly enough, he has very little to say of Emmet's work in this relation. Perhaps he says enough, however, for on page 182 he states that to him (Emmet) "we owe all that we know about this operation" (*i. e.* for its repair).

For cancer of the womb he recommends Sims' operation, but never says a word about Sims or Reamy in relation thereto. For this we must censure him, for he is well enough aware of the fact that such credit was to have been expected from one so well acquainted with gynecological subjects as Dr. Goodell.

Vegetations of the endometrium, polypus of the womb, fibroid tumors of the womb, and their treatment, each takes up a separate lesson, and are valuable reading.

Spaying for fibroid tumors of the womb, and for other disorders of menstrual life, is treated of at length in the twenty-second lesson. This is, essentially, the same paper contributed to the *American Journal of the Medical Sciences* last year and abstracted in this journal. It is one of the most valuable chapters in the book. Battey's operation is not likely to become very popular at present, notwithstanding its advocacy by distinguished authors.

Ovarian cyst, its diagnosis, and its treatment by tapping, by injection of iodine, and by drainage, (Lessons XXIII), and ovariotomy by abdominal section, (Lesson XXIV), offer nothing particularly new, unless local anæsthesia by the use of ice and salt, after the method of Dr. A. J. Mullin, of this city, is to be so termed.

Vaginal ovariotomy (Lesson XXV), is a very interesting account of the removal of an ovarian cyst *per vaginam*—the seventh operation of the kind on record.

Nerve-Tire, and Womb-Ills, Lesson XXVI, is the able address before the American Gynecological Society at its last meeting, to which we have already referred at some length. As may be remembered, Dr. Mitchell's treatment of neurasthemia by rest, systematic feeding, massage and electricity, is strongly commended.

The twenty-seventh lesson is devoted to some practical hints for the prevention of uterine disorders. It is full of the most excellent common-sense advice, and should be (with the two remaining lessons) reprinted for popular reading.

Next comes the relation which faulty closet accommodations bear to the diseases of women. The defects of the ordinary institution are well delineated, after which he gives the antidote, which is "Clearly, such closets as a civilized Christian people, living in the nineteenth century, are not degraded in using; closets that are decent, comfortable and accessible; *such closets as invite rather than repel*—those in which an operation of the bowels is not tantamount to being buffeted by Satan for a season." He is a strong defender of the earth-closet but a closet of an agreeable kind is to be used at all events.

The last lesson is devoted to a most difficult and important question: "The Sexual Relations as Causes of Uterine Disorders." This includes "Conjugal Onanism, and kindred diseases," though how

conjugal or solitary Onanism can be considered a disease, we are unable to perceive. Like some of our philanthropic alienists, however, Dr. Goodell, it may be, considers all forms of depravity as evidences of disease. "The excesses of the honey-moon journey," come in for their full share of reprehension. Prevention of conception is most strongly condemned, and the command to "multiply and replenish the earth" is reiterated as strongly as could be desired by the midwife most anxious for practice. As Dr. Kennard, of this city, recently pointed out, the prevention of conception does not generally produce such dire results as our author describes and as are quite popularly supposed to follow such artifices. We are not defending any such practices, but we do certainly question the correctness of the descriptions given by Dr. Goodell and others of the moral and physical ills said to be their uniform result. Further and better observations are required to settle this question.

All in all, the work under consideration is a most creditable one, and deserves to be read by every physician.

ETUDE HISTORIQUE ET CLINIQUE SUR LA TREPANATION DU CRAIN, LA TREPANATION GUIDEE PAR LES LOCALISATIONS CEREBRALES. par le Dr. Just Lucas-Championnière, Chirurgien des hôpitaux de Paris, Membre de la Société de Chirurgie, Rédacteur en Chef du *Journal de Médicine et de Chirurgie pratiques*. 8vo. pp. 150. Avec 14 figures dans le texte. Paris: V. A. Delahaye et cie. Libraires-Editeurs, Place de l'Ecole de Médecine. 1878. Prix: 3 fr. 50.

The accomplished editor of the *Journal de Médicine et de Chirurgie pratiques* is a strong believer in Listerism and in the recent doctrine of cerebral localizations. He has done much to popularize the antiseptic method in France, and is actively engaged in rescuing the operation of trephining the skull from the discredit into which it has fallen in that country.

He states his object in putting forth the work under consideration as follows: "We have sought to show that the value of trephining the skull should increase largely in our modern surgery; and one of the causes of the confidence that may be placed in this operation will certainly be the progress made in the solution of the following problem: given, certain motor disturbances consecutive to wounding of the skull, observation may determine with sufficient clearness the region of the cerebral cortex that is involved, to guide the hand of the surgeon with security who proposes to liberate it by trephining the skull."

In the first chapter is given an account of the evidences showing that this operation was known and practiced with success in prehistoric times. The works of Prunières, Broca, Engelhart, and others, are quoted, proving that skulls of the stone age show conclusively that trepanning was practiced by the ancient people, and that the subjects long survived the operation. He suspects that removal of a portion of the cranium in this manner was a religious rite, and traces to this practice the origin of the priestly tonsure of later and modern times, among the Brahmin, Boodhist and Christian clergy. The connection between epilepsy and trephining he traces back to these same periods. He thinks the popular superstition—not yet extinct—that a preparation of powdered human skull "is good for epilepsy," has the same origin. It is not many years since the Nashville *Journal of Medicine and Surgery* recorded a remarkable "cure of fits" through the agency of scrapings of a human skull administered by the mouth to an epileptic lad!

Trepanning is practiced among some of the Arabian tribes of Northern Africa, and also in some of the islands of the South Pacific. Squier found evidences of it in the skulls of the ancient Peruvians.

Dr. Lucas-Championnière has convinced himself, by actual experiment, that it is by no means a difficult matter to remove a rounded piece of bone from the cranium by means of stone implements alone. He

made use of a sharp flint and proceeded by making successive perforations of the bone.

The opinions of a large number of surgical writers relative to trephining for wounds of the head, are then given and discussed. The weight of authority in France, Germany, England and America is shown to be against immediate trephining; wait for complications to arise.

In the third chapter is related a case of fracture of the skull, without a communicating wound, with phenomena of paralytic localization, in which the author trephined and cured the patient. It was this case that directed his attention so strongly towards the subject and induced him to undertake further researches.

Next are considerations which have conduced to the utilization of cerebral localizations in trephining. He borrows two cuts from W. Turner (*Journal of Anatomy and Physiology*, Nov. 1873, and May 1874), showing those portions of the cranial vault that correspond to the motor zone of the localizationists, and concludes the chapter with the following propositions:

"The doctrine of motor localizations in the cerebral cortex is admitted.

Traumatism and all lesions involving the cortical motor region lead to determinate paralyses, or, under certain conditions, to localized convulsive manifestations.

The lesions of a single region produce certain derangements of motility.

These may serve to diagnosticate the region or the points of the motor region that are compromised.

Under these conditions, operative intervention may be done, and, more or less completely, remedy the derangements of motility."

The following chapter is an epitome of the results of the labors of Fritsch, Hitzig, Ferrier, Broca, Carville and Duret, Charcot and others, in establishing the facts of cerebral localizations.

Cases of wonnds of the head showing motor localizations in the cerebral cortex and the effects of surgical intervention are then given at some length. Some thirty-four cases are extracted from our "Medical and Surgical History" of the late war in support of his positions.

The seventh chapter describes the nature and forms of paralysis and convulsions observed in wounds of the head; and the eighth, the procedures to establish the points upon the cranial surface which correspond to the motor region of the cerebral cortex, for the purpose of indicating the points for perforating the cranium. These are the most important portions of the book for the operative surgeon to study.

The indications for surgical interference in wounds of the head, are then given very clearly and succinctly.

The prognosis and treatment of wounds produced by trephining are given in the tenth chapter. The author quotes many cases from many writers to show that trephining is not nearly so dangerous a procedure as might be supposed. He refers to the case of Phillip of Nassau, who had twenty-six buttons removed from his cranium, and another case who had forty-two removed; both of whom recovered. He also quotes from the *British Med. Journal* (1877) an account of numberless trephinings in Cornwall, England, for the relief of miners suffering from depressed fractures of the skull, most of whom recovered. With the antiseptic precautions, during the operation, and subsequent dressings of Lister, he thinks trephining the skull should no longer be considered a grave operation. He quotes a case communicated to him by Mr. Lister, who trephined a man at the vertex upon the median line, and, in the course of the operation opened the superior longitudinal sinus. The hemorrhage was terrible, but was arrested by tamponing the wound in the skull with bits of catgut, and the man recovered without suppuration.

In the last chapter the author examines some recent works on cerebral localizations and trephining, and replies to some criticism by M. Pozzi.

In conclusion, it must be said that the

author has written a very excellent work; one that really fills a hiatus in medical literature, and worthy of careful study. Many may not be able to agree with him in his principal conclusions, but it cannot fail to excite renewed efforts to discover the truth respecting Listerism, cerebral localizations, and the salutary effects of early trephining in wounds of the skull.

TRAITE DES MALADIES DU SYSTEME NERVEUX, Comprennant les maladies du Cerveau, les maladies de la moelle et de ses enveloppes, les affections cérébro-spinales, les maladies du système nerveux périphérique, et des maladies toxiques du système nerveux. Par W. Hammond, Professeur des Maladies Mentales et nerveuses a l'Université de New-York President de la Société névrologique de la même ville, etc. Traduction Francaise augmentée de notes et d'un appendice, par le Dr. F. Labadie-Lagrave, Ancien interne, lauréat des hôpitaux, de la Faculté et de l'Académie de médecine, Secrétaire de la Société clinique, etc., etc. Avec 116 figures intercalées dans le texte. 8vo. pp. 1278. Paris: Librairie J. – B. Baillière et fils. Rue Hautefeuille, 19, près le Boulevard Saint-Germain, 1879.

The unprecedented success of Dr. Hammond's great work on Diseases of the Nervous System is not without a reasonable explanation. It shows his large experience in the management of the diseases described, such profound knowledge of the subjects discussed and their literature, and, above all, such faith in therapeutic measures, that the reader is attracted in spite of preconceived notions, and soon confesses that the hand of a master could alone have penned its enchanting pages.

After passing through six American editions, it has been very fortunate in finding a French translator equal to its merits, and to the painful task of rendering a work of such magnitude into another language. Not only has the translator faithfully reproduced the original, but he has made the additions rendered necessary by the lapse of time and the rapid progress of neuropathology. In thus improving the French edition, the translator has made much use of Dr. Hammond's own contributions, especially his "Clinical Lectures on Diseases of the Nervous System."

In an appendix, at the end of the volume, the most recent contributions are epitomised and separated from Dr. Hammond's treatise, leaving the latter in its original form so far as it was possible to do so. In the appendix we find the following subjects treated of at length, at all events, sufficiently so to meet the demands of a compendious work like the one under consideration: Syphilis of the Nervous System; Disorders of Speech; Semiology of Cerebral Lesions; Semiology of Cereballar Affections; Semiology of Bulbar Affections; General Semiology and Therapeutics of Spinal Affections; and, finally, Pathology of the Great Sympathetic.

These additions increase the value of the work, and will, no doubt, be of aid to the author in bringing out a seventh edition, which cannot be delayed for any great length of time.

As a systematic work built upon a *clinical* foundation almost exclusively, Dr. Hammond's Treatise on Diseases of the Nervous System has no rival in the literature of the specialty.

A TEXT-BOOK OF PHYSIOLOGY. By J. Fulton, M. D., M. R. C. S., Eng.; L. R. C. P. Lon. Professor of Physiology and Sanitary Science in Trinity Medical College, Toronto; Surgeon to the Toronto General Hospital, and Physician to the Home for Incurables, Toronto. Second Edition, Revised and Enlarged, with numerous Illustrations. 8vo. pp. 416. Philadelphia: Lindsay & Blakiston; Toronto: Willing & Williamson; St. Louis: Book & News Company. 1879. Cloth, $4 00.

We have carefully examined this second edition of Professor Fowler's work and deem it a very good text-book on the subject. It shows that the author has studied well his subject, but that he has done very little, if any, original work in

this department of science. Histology is remarkably well illustrated, better than we should expect in a work of the magnitude.

The author's statements are, usually, fully borne out by the latest authorities. We find some contradictions, however. Thus, for instance, he states (page 136) that "in the ordinary process of digestion the starchy matters do not remain long enough in the mouth for this change (into glucose) to take place, but pass at once into the stomach, where the further conversion of starch into sugar is retarded by the presence of the gastric juice." On the very next page he says: "The salivary glands are not very active in infants until the age of six months, and they are therefore incapable of properly digesting starchy food, corn flour, etc." Also, on page 25, it is stated that "Starch is converted into sugar during digestion by the action of the pancreatic and intestinal juices," no reference being made to the action of the saliva. The author evidently makes a practical application of his original theory of the function of the saliva, and forgets his more recent (and we believe erroneous) notions in relation to the same subject.

On page 300 it is stated that "the spinal cord does not possess any power of *automatic* or independent action, like the higher nerve centres." In the very next paragraph he contradicts this assertion thus: "In cases of paraplegia from disease of the spinal cord, even where the loss of motion and sensation is complete, patients are sometimes tormented with involuntary movements of the lower extremities at night, which not only prevent sleep, but also occasion pain and distress." If any movements are strictly automatic, it seems to us that those referred to are to be so called. It is also a little odd that they should cause "pain and distress," if sensation is already completely abolished.

In spite of a considerable number of similar inaccuracies, we think that it is the best *short* compend of physiology in the market. It cannot take the place of more extended treatises for the advanced student and practitioner, but for one who does not wish to buy a more expensive work, it will be found very useful and satisfactory.

DISEASES OF THE THROAT AND NASAL PASSAGES.—A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Œsophagus, Trachea, Larynx, and Nares. By J. Solis Cohen, M. D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest, in Jefferson Medical College, Philadelphia, Etc., Etc., Etc. Second Edition, Revised and Amended, with two hundred and eight illustrations. Large 8vo. pp. 742. New York: Wm. Wood & Co. 1879. St. Louis: Book & News Co. Cloth, $5 50.

Dr. Cohen is one of the most industrious workers in laryngology, and the second edition of his systematic treatise is probably the most comprehensive work of the kind ever issued in America.

This edition is considerably enlarged, much of it rewritten, and the whole carefully revised.

As a specimen of the author's style, and also because of the importance of the subject and that we deem his advice excellent, we reproduce the essential portion of his treatment of diphtheria:

"The manner in which I have become accustomed to treat diphtheria, modified, of course, according to the exigencies and individualities of the case, may be stated as follows: The patient is placed in the most convenient room of the house, encumbered with as little furniture as practicable, care being taken to provide for due ventilation and an equable temperature of 75° F. Great attention is given to nourishment, and to systematic alcoholic stimulation, when the strength is becoming exhausted. The nostrils, when clogged, are assiduously cleaned by douche or syringe. Tincture of the chloride of iron is given in full and frequent doses, and applied locally to any circumscribed patches that can be reached in their entire extent. A continuous evolution of steam is kept up in the apartment so as to moisten the air; the throat and nostrils are kept as clean as possible by douches of a weak solution of carbolic acid (two grains to the ounce), and the same is

occasionally administered by inhalation in spray. As soon as there is any evidence of morbid products in the larynx, or parts below it, inhalations of the fumes from lime in process of slacking are administered for ten or fifteen minutes at a time, and repeated every second hour, hour, or half hour, according to the freedom of respiration and the moisture of the bronchial râles. I give the vapor from slacking lime the preference over inhalations of the spray of lime-water, though I have seen good results from the latter, and sometimes alternate the two methods. If the lime does not appear to suit the case, or if its good effects are not continuous, inhalations of the warm spray of bromine, a grain to the ounce of water, with a grain of the bromide of potassium, are substituted. Should these likewise prove inefficacious, the sulphurous acid spray is tried. If the laryngeal symptoms increase, and asphyxia is to be dreaded, tracheotomy is advised as soon as there is marked inspiratory incurvation of the intercostal, substernal, and suprasternal tissues, without waiting for the period of cyanosis, provided that no respite is procured by the inhalations, or by the action of emetics."

It may be remarked that he considers croup and diphtheria as two distinct morbid processes, and that the latter is often contagious.

The publishers have done their whole duty by the author and purchaser. We have seldom met with a better specimen of letter-press and binding.

In conclusion we must say that no laryngologist's library is complete without it, and every general practitioner will profit by giving it careful study.

MANUAL OF THE PRINCIPLES AND PRACTICE OF OPERATIVE SURGERY. By Stephen Smith, A. M., M. D., Surgeon to Bellevue and St. Vincent Hospitals, New York. 12mo. pp. 689. Boston: Houghton, Osgood & Co. New York: 21 Astor Place. The Riverside Press, Cambridge. 1879. Cloth, $4 00.

Dr. Stephen Smith has for many years heid a distinguished position as surgeon, lecturer and writer. Several years ago he published a manual of military surgery that at once commanded a large sale and met with almost universal commendation. The present volume is the same work extended to cover the entire range of the science and art, and it is as close an approach to success as could be expected in so small a compass. Our principal objection to it is that the enforced brevity has compelled the author to condense too much. In future editions we hope he will enlarge the present single volume into a series of handbooks. We are sure that the profession would be very willing to encourage the author with ready patronage should he follow our suggestion. Three or four companion volumes written in the clear, terse style of this one, and with the necessary bibliographical references would be invaluable to student and practitioner.

There are eleven sections, divided into sixty chapters in this work. The sections are devoted respectively to: The Principles, the Circulatory System, the Nervous System, the Tigumentary System, the Digestive Organs, the Respiratory Organs, the Urinary Organs, the Generative Organs and the Extremities.

Of course, in the condensation of the entire subject of surgery into a small volume of less than seven hundred pages, many omissions have been made, some of them of some importance. Thus, we see no mention of Bauer's successful operation for urinary calculus, by recto-vesical section. We think altogether too much spaee is given to the popular *craze*, the plaster-of-Paris jacket in the treatment of Pott's disease of the spine. Shaffer's and Bauer's objections to it are not noticed, much to the injury of the unfortunate victims of this sort of practice. Thomas' apparatus, for the treatment of hip-joint affections, a far better one than any noted, is not even referred to.

The objections to chloroform as an anæsthetic are not stated as strongly as we could wish. Its use should be absolutely interdicted wherever a safer agent for producing the same effects can be procured. No

amount of successful experience in its use can render its administration safe or even comparatively safe.

As a surgeon, Dr. Stephen Smith is eminently conservative, and we have personally witnessed his success as an operator. His writings and his oral teaching alike show him to be a wise counsellor and experienced guide. We therefore heartily commend this, the latest, production of his pen to both student and practitioner. They will find both principles and practice ready for reference at the shortest possible notice.

A MANUAL OF MIDWIFERY, for Midwives and Medical Students. By Fancourt Barnes, M. D. Aber., M. R. C. P. Lond. Physician to the General Lying-in Hospital, Etc., Etc., Etc. With Illustrations. 12mo. pp. 201. Philadelphia: Henry C. Lea. St. Louis: Book & News Co. 1879. Cloth, $1 25.

Dr. Barnes' manual is plainly and pleasantly expressed and no doubt will be found extremely useful by students in medicine and midwives, for whose use it was especially written.

We regret to find many evidences of undue haste in its preparation evinced by the omission of important points, and by too great brevity in giving important directions. We cite a few examples:

On page 58, for the relief of the obstinate vomiting of pregnancy, he gives several methods and thus concludes: "The most effectual remedy is the dilatation of the neck of the uterus. In some of the most severe cases the ovum is diseased, that is, there is a mole-pregnancy." It is fair to presume that the author refers to *partial* dilatation of the cervix uteri, in the first sentence quoted, yet any one would be justified in assuming that he advises full dilatation and the induction of premature labor. The first-named method is a most valuable one and capable of a wide range of usefulness, while abortion is only rarely indicated as a last resort.

On page 40 the following is his description of the fœtal circulation, we give the *entire* account so far as the fœtus is concerned: "The fœtal blood, in order to receive its purification, is brought from the fœtal heart by the large artery, or aorta, which gives off an artery on either side, called hypogastric, which run together in the umbilical cord. On reaching the placenta, these arteries subdivide, as already explained, and run into the villi, and there form capillaries, or minute vessels, which are continuous with the veins which carry the blood back through the umbilical vein to the fœtus. The blood so brought back is carried through the large vein of the liver and the vena cava, or great vein, to the heart." We believe that this would not be a satisfactory description of the fœtal circulation even in the "Podunk University, Medical Department."

Although many deficiencies mark Dr. Fancourt Barnes' first effort at authorship, we believe he will make his mark as an obstetrical writer. A second edition will no doubt be greatly improved over the first, and when these improvements shall have been made his book will be one of the best manuals of the subject extant.

ON DISEASES OF THE STOMACH, and the Varieties of Dyspepsia. By S. O. Habershon, M. D. Lond., F. R. C. P., Etc., Etc., Etc. Third Edition. 12mo. pp. 324. Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. 1879. Cloth, $1 75.

Of the practical value of Dr. Habershon's little treatise on indigestion there can be no doubt. His plan has been to tell *how to cure the patient*, an object too often lost sight of by the authors of more ponderous works.

We have not sufficient space for an extended review, and, in fact, the appearance of two former editions has placed the author's views prominently before the profession, so as to render an extended notice unnecessary. The author refers to malaria as a cause of indigestion, but gives no special description of a form which is not at all uncommon in highly malarious regions

like the Mississippi Valley. The marked intermittence of the symptoms gives the key to the pathology and treatment.

The book is written in the best style, and every sentence is essential to the work. We know of nothing written upon the subjects embraced that is more pleasant reading and, at the same time, so well expressed and instructive. We give it our cordial indorsement.

DISEASES OF THE INTESTINES AND PERITONEUM. By John Syer Bristowe, M. D., J. R. Wardell, M. D., J. W. Begbie, M. D., S. O. Habershon, M. D., T. B. Curling, F. R. S., and W. H. Ransom, M. D. 8vo. pp. 243. Illustrated. New York: William Wood & Co. 1879. Wood's Library of Standard Medical Authors. Sold by subscription only. $1 00 per volume.

The papers contained in this volume have been some years before the profession in Reynolds' System of Medicine and Habershon's excellent book. It is, therefore, unnecessary to go into details concerning them as they have already received the title of *standard* essays.

We would again call the attention of our readers to the extraordinary excellence and cheapness of the series of which this book forms a part. We trust that Messrs. Wood & Co. will receive such encouragement the present year that they may be induced to extend the series in the future. The outlay must be great and the margin of profit small, hence only the most generous patronage on the part of the profession will enable the publishers to continue in a work which it is certainly the interest of all medical readers to have succeed.

POSOLOGICAL TABLE: including all the Officinal and the Most Frequently employed Unofficinal Preparations. By Charles Rice, Chemist, Department of Public Charities and Correction, N. Y., Etc. 16mo. pp. 96. New York: Wm. Wood & Co. 27 Great Jones st. 1879. St. Louis: Book & News Co. Cloth, $1 00.

This is the best, clearest and most complete "dose-book" we have ever examined. As an aid to the memory for students and practitioners who find some difficulty in keeping such items in mind, it will prove invaluable. In a second edition, the proper antidote should be given with the notice of each poisonous substance. We are opposed to such "helps" on principle, but as there exists "a want," it is best to meet it with the best manual that can be obtained, and this is probably the best of the kind in the market.

(1) POCKET THERAPEUTICS AND DOSE BOOK. By Morse Stewart, Jr., B. A., M. D. Second Edition, Revised and Enlarged. 24mo. pp. 263. Detroit, Mich.: Geo. D. Stewart. 1878. Cloth, $1 00.

(2) A COMPENDIUM OF THE MOST IMPORTANT DRUGS with their Doses According to the Metric System. By Wm. F. Whitney, M. D., and F. H. Clark, Apothecary to the Boston Dispensary. Boston: A. Williams & Co. 1879. Paper, 25 cts.

These pocket manuals may be of use to the medical student, but *ought* not to be required by any man holding a diploma from a respectable college.

Practitioners who fancy the metric system, and who are not afraid to trust their memories, will find the second work a passable substitute for a knowledge of the system such as can be easily acquired by a few days' study. Really, we see no necessity for either.

LITERARY NOTES:—

THE *Archives of Comparative Medicine and Surgery*, a quarterly journal devoted to the diseases of the lower animals, particularly of the horse, will appear next December. Each number will consist of sixty pages, and will be handsomely illustrated. Our talented contributor, Dr. E. C. Spitzka, Professor of Comparative and Equine Anatomy, Columbia Veterinary College, New York, will be its editor, which is sufficient guaranty that it will be a most useful and well-conducted journal. No such publication is issued in America, hence we have no doubt it will fill a gap in our medical literature and command a large patron-

age. For the first year it will appear quarterly, afterwards it will probably be changed to a bi-monthly. Every physician who owns a horse should subscribe for it. The subscription price will be $2 00 per annum. Address the editor at No. 217 East 34th street, New York City.

Braithwaite's Retrospect keeps up the high character it has held for many years as an excellent epitome of British medicine and surgery. We say British, for it gives little attention to medical matters outside of the great empire in which it is published.

Brinton's *Half-Yearly Compendium* performs the same service for medicine on this side of the water, while it gives a fair reflex of what is going on abroad. The different subjects are so separated that a subscriber after a few years can have a series of volumes giving a very complete history of what has been accomplished in anatomy, physiology, etc., during his professional career.

Dr. E. C. Spitzka, of New York, will soon begin a most valuable series of articles in this journal on the Development of the Human Ovum. Every student should read them. The latest and best researches in embryology will be utilized, some of them the results of original investigation on the part of our distinguished contributor. His reputation as an original investigator is second to that of but few, if any, in these United States.

Public Health, so warmly welcomed in our last issue, has been discontinued. Nobody but physicians seem to care about the prevention of disease, so there was not sufficient encouragement to keep it going. The *Hospital Gazette* will preserve those features of excellence which distinguished the late journal, and we hope will receive the patronage of sanitarians both in and out of the profession.

The *Sunday Visitor* comes to us from Little Rock, Ark. It is always fresh and lively, and devotes considerable attention to hygiene and public health. Dr. C. V. Meador, its accomplished editor, deserves the thanks and patronage of all our Arkansas friends, as well as those in other States who would like to inform themselves of that enterprising commonwealth and its many attractions.

Several reviews are unavoidably postponed; among them Putzel's translation of Rosenthal's work on the Diseases of the Nervous System, one of the most meritorious of Wood's Standard Library, and Turnbull's Anæsthetic Manual.

The *Southern Clinic* has closed its first volume in good style, and will continue in its free and independent course. We wish it all sorts of good fortune.

The *Illinois Medical Recorder*, heretofore published at Vandalia, Ill., has been discontinued. It was worthy of a better fate.

BOOKS & PAMPHLETS RECEIVED.

Guide to the Examination of Urine, with Special Reference to the Diseases of the Urinary Apparatus, by K. B. Hoffman, Professor at the University of Graz, and R. Ultzmann, Docent at the University of Vienna. From the Second Edition, Translated and Edited by F. Forchheimer, M. D., Professor of Medical Chemistry at the Medical College of Ohio, Cincinnati. With illustrations. 12mo. pp. 195. Cincinnati: Peter G. Thomson, Publisher, 179 Vine street. 1879. In cloth, $1 50.

Clinical Medicine: A systematic Treatise on the Diagnosis and Treatment of Diseases. Designed for the Use of Students and Practitioners of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in the Bellevue Hospital Medical College, Etc., Etc., Etc. 8vo. pp. 795. Philadelphia: Henry C. Lea. 1879. St. Louis: Hugh R. Hildreth Printing Co. Cloth, $4 50.

Vegetarianism the Radical Cure for Intemperance. By Harriet P. Fowler. 12mo. pp. 79. New York: M. L. Holbrook & Co. 1879.

MATERIA MEDICA AND THERAPEUTICS; Vegetable Kingdom. By Charles D. F. Phillips, M. D., F. R. C. S. E. Lecturer on Materia Medica. Adapted to the U. S. Pharmacopœia. By Henry G. Piffard, A. M., M. D. Professor of Dermatology, University of the City of New York, Surgeon to Charity Hospital, Etc. 8vo. pp. 323. New York: William Wood & Company, 27 Great Jones st. 1879. Cloth, $1 00. Sold only by subscription.

FIRST STEP IN CHEMICAL PRINCIPLES, an Introduction to Modern Chemistry, Intended Especially for Beginners. By Henry Leffmann, M. D., Lecturer on Toxicology in the Summer School of Jefferson Medical College, Etc., Etc., Etc. 16mo. pp. 52. Philadelphia: Edward Stern & Co. 1879. Cloth, 50 cents.

SEXUAL NEUROSES. By J. T. Kent, A. M., M.D, 12mo. pp. 144. St. Louis: Maynard & Tedford, Printers and Binders. 1879. From the Author. Cloth, $1 50.

TRANSACTIONS of the Medical and Chirurgical Faculty of the State of Maryland, Eighty-First Annual Session. Held at Baltimore, Md., April, 1879.

TRANSACTIONS of the Thirty-Fourth Annual Meeting of the Ohio State Medical Society. Held at Dayton, June 3d, 4th and 5th, 1879.

THE FUTURE INFLUENCE of the Johns Hopkins Hospital on the Medical Profession of Baltimore. By John Van Bibber, M.D.

AN ARGUMENT made before the American Medical Association, at Atlanta, Ga., May 7th, 1879, against the Proposed Amendment to the Code of Ethics restricting the Teaching of Students of Irregular or Exclusive Systems of Medicine. By Edward S. Dunster, M. D.

THE MEDICAL DEPARTMENT of the Missouri University. An Inquiry as to its Efficiency. Addressed to the Medical Profession, and the Public Generally. By Robert McNutt, M. D.

REPRINTS:—

URETHRISMUS or Chronic Spasmodic Stricture (*Hospital Gazette*). By F. N. Otis, M. D. ON SPASMODIC STRICTURE OF THE URETHRA; ADDEUNDUM to the Controversy on Same Subject, (*Hosp. Gazette*). By Henry B. Sands, M. D.

OBSERVATIONS on the Mechanical Treatment of Diseases of the Hip-Joint (Boston *Medical and Surgical Journal*); EMOTIONAL Prodigality (*Dental Cosmos*), By C. Fayette Taylor, M. D., A NEW REMOVABLE PAPER BRACE for the Treatment of Caries of the Spine, Etc. (*Hospital Gazette*). By Ap. Morgan Vance, M. D.

AN ACCOUNT OF THE PERINEOSINUEXERECINATOR. A New Instrument for the Exploration of Sinuses. Especially adapted to Gynecological Practice. By Jaques Robinson, A. M., M. D., Surgeon to the Hospital for Ruptured Vesicles; Member of the Anteversion Society and the Round Ligament Club, Etc., Etc. (*Louisville Medical News.*)

(From "Gynecological Transactions," Vol. III): ALTERNATING Anterior and Posterior Version of the Uterus. By Samuel C. Busey, M. D. A CASE of Head and Foot Presentation. By Joseph Taber Johnson, M. D. PENDULUM Leverage of the Obstetric Forceps. By Albert H. Smith, M. D. THE HAND as a Curette in Post-Partum Hemorrhage. By Henry P. C. Wilson, M. D. SOME POINTS in Connection with the Treatment of Sterility. By A. Reeves Jackson, M. D.

LACERATIONS of the Cervix Uteri. By A. Reeves Jackson, M. D. (*Medical Journal and Examiner*). THE DIFFICULTIES and Dangers of Battey's Operation. By Geo. J. Engelmann, M. D. AN ADDRESS on Obstetrics and Diseases of Women and Children. By Edward W. Jenks, M. D. (Transactions American Medical Association, 1878). REMARKS ON OVARIOTOMY, with Relation of Cases and Peculiarities in Treatment. By Nathan Bozeman, M. D. (*Med. Record.*)

FEIGNED INSANITY, HOMICIDE, SUICIDE Case of William Barr, *alias* Ball (*Am Jour. of Insanity*), By Carlos F. Mac Donald, M. D. SOME POINTS Connected with the Question of Responsibility as it Relates to the Partially Insane (Cincinnati *Lancet and Clinic*). By T. L. Wright, M. D. MANAGEMENT OF THE INDIGENT INSANE. By Rufus Baker, M. D. AMERICAN NERVOUSNESS: its Philosophy and Treatment (*Virginia Medical Monthly*); By George M. Beard, M. D. CHLORAL INEBRIETY (*Proceedings*). By J. B. Mattison, M. D.

THE PRESENT STATE OF OTOLOGY; AFFECTIONS OF THE LACHRYMAL APPARATUS; IRITES and Some of its Dangers. By S. J. Jones, A. M., M. D. Professor of Ophthalmology and Otology, Chicago Medical College (Transactions Illinois State Medical Society, 1877 and 1878). EYE TROUBLES IN GENERAL PRACTICE (*Med. Record*). By Henry D.Noyes,M.D.

PRECAUTIONS Requisite in the Administration of Ergot (Detroit *Lancet*). By J. W. Compton, M. D.

HISTORY of the Discovery of Anæsthesia (*Virginia Med. Monthly*, May, 1877). By J. Marion Sims, M.D., M. A., LL.D.

ON THE NATURE OF THE POISON OF YELLOW FEVER, and its Prevention (New York *Med. Journal*). By Dr. H. D. Schmidt. MEDICAL HEROISM of 1878 (St. Louis *Med. and Surg. Journal*). By J. W. Singleton, M. D.

NOTES of Hospital and Private Practice. By Henry Gibbons, Sr., M. D.

POSTURE as a means of Relief in Strangulated and Incarcerated Hernia (*Hospital Gazette*). By Frank H. Hamilton, A. M., M. D.

TREATMENT of Fractures of the Femur (Transactions Illinois State Medical Society, 1878). By C. Truesdale, M. D.

THE METRIC SYSTEM (Ohio State Medical Society Transactions, 1879). By J. F. Baldwin, M. D.

Miscellaneous Notes.

AN antidote for dipsomania, highly praised in the newspapers, is a strong tincture of *cinchona rubra*. Dr. Hayne (*Western Lancet*) has tried it in several cases, and states that it has no more power to cure dipsomania than bread pills has to make a man honest.

DR. LUKE P. BLACKBURN, of Louisville, has been elected governor of Kentucky. His services in the yellow fever epidemic of last summer had much to do in securing his nomination and election.

Dr. Alonzo Garcelon, the present governor of Maine, is also an old and honored practitioner.

THE American Gynecological Society will hold its fourth annual meeting in the hall of Johns Hopkins University, Baltimore, on September 17, 18 and 19, 1879. From the published programme which has reached us, we believe it will be the most interesting meeting it has ever held.

OLIUM EUCALYPTI, made from the leaves of the eucalyptus, according to Mosler, is of the highest value in the treatment of diphtheria. He adds a teaspoonful of a mixture of equal parts of the oil with alcohol, to the water used in a steam atomizer, and directs the inhalation to be kept up twenty minutes in each hour. It causes no irritation of the bronchi and acts as a powerful disinfectant.

YELLOW FEVER continues to prevail in Memphis. As stated in our last, the mortality thus far has been about twenty-five per cent. A few scattered cases have appeared at other localities, but no epidemic. Earnest efforts are making to secure an efficient sewer system for the entire city.

In spite of the loud claims made by the friends of quarantine, it appears that this institution has had no effect whatsoever in limiting the disease.

COMING INTO LINE.—We are pleased to learn that Bellevue Hospital Medical College, New York, has announced that after the present college term a preliminary examination of students and a graded course of three years will be required. We are certain that this course of action will greatly increase the prosperity of this college which now places itself in the first rank. It is the only New York medical school that has accepted the situation and conformed to the requirements of the times.

DIPHTHERIA.—The Empress of Germany has offered a prize of $500 for the best original essay on this disease. It must be supported by experimental researches on the causation, mode of propagation and of arresting the ravages of the affection. Some of the greatest medical men in Ger-

many are to decide upon the bestowal of this munificent(?) prize. The essay may be written in English, French or German, and sent, with motto attached accompanied by the name of the author in a sealed envelope bearing the same motto, to Professor von Langenbeck, Berlin, to be received by him on or before Dec. 15, 1880. We hope one of our readers will secure this princely prize!

PROFESSOR CHARCOT AND THE SALPETRIERE.—Professor Charcot is a handsome man, with olive complexion, piercing black eyes, and a very striking appearance. * * * * "The Salpétrière is a sort of a poor-house, in which disabled and incurable paupers are sheltered to the number of six hundred, a large proportion being epileptics, paralytics, lunatics, etc. In America we should consider this institution a very old one, as it numbers nearly two hundred years of existence; but it is very modern compared with the Hotel Dieu, which was founded some nine hundred or twelve hundred years ago. Prof. Charcot possesses in an eminent degree, the most essential quality of a great physician, abundant common sense. He is eminently practical. He is a wise doubter, and is slow to accept the assertions of the brilliant writers who lead captive so many of the youthful and faith—ful members of our profession. He is a believer in the crucial test of clinical experiment.—Dr. L. P. Yandell's Paris letter in Louisville *Medical News*.

LACTOPEPTINE.—This preparation, which is composed of pepsin, pancreatine, diastase (or vegetable ptyalin), lactic and hydrochloric acid, and sugar of milk, has already acquired an enviable reputation, both in this country and abroad, in the treatment of many forms of dyspepsia, and in digestive troubles in children. We have used it in a number of cases, and its use has, in our hands, been invariably followed by good results. Many practitioners use pepsin, but in this preparation we get not only the pepsin, but also several other substances of great, if not equal importance in aiding the digestive process. Not only do men like Loomis, Sayre, Percy, Packard, Meigs, Dawson and Yandell recommend it, but the entire mass of the profession, so far as they have tried it, seem to approve it as well.—*Ohio Medical Recorder*.

FOR CONSTIPATION.—Buckthorn, rhamnus frangula, is a favorite remedy with the profession as a cathartic and laxative, especially in combination with other remedies. From repeated trials we obtain a better effect from rhamnus purshiana, or cascara sagrada, in the form of a fluid extract. An excellent combination in constipation depending upon an atonic condition of the alimentary canal, is the following:

℞ Fl. ext. cascara sagrada, - ʒi;
Ext. malt, - - - -
Syr. simp. *aa* ad. - - ʒiv;
M. S.—3i, ter in die.
—*Lancet and Clinic*.

ABSCESS OF THE LIVER.—Dr. J. C. Davis, of New York (*Archives of Medicine*, No. 4), believes that abscess of the liver, when it does not depend upon the presence of a parasite, follows only embolism in the portal vein. "These embolisms are due to transported particles of pus or shreds from the wall of some pus cavity, which being carried into the portal system, produce either suppurative phlebitis in the *porta hepatis*, the so-called *pyle-phlebitis*, or suppurative process in any part of the liver in which an embolus may have lodged."

NEWSPAPER MEDICINE (*Hosp Gazette*).—"We are inclined to think that the average editor of the scientific columns of a newspaper has considerable false membrane covering in the cerebral hemispheres—exerting marked pressure on the convolution controlling common sense, discretion, medical knowledge and modesty."

ELEPHANTIASIS ARABUM of the leg treated by ligating the femoral artery, after the method of Dr. Carnochan, of New York, has proved remarkably successful. Out of 69 cases thus treated, 40 were cured, 13 improved, and 16 were unsuccessful.—Mr. Crosby Leonard, *British Medical Journal*.

AMYL NITRITE.—Dr. Lyman has used, with great success, amyl nitrite for the insomnia following the sudden withdrawal of opium in opium inebriety. He has found, in all cases, a refreshing sleep to follow a few inhalations of this new drug.—*Quar. Journal of Inebriety*.

RATTLESNAKE BITE.—Dr. R. D. Blackwood (*Southern Practitioner*) states that he has never seen iodine or Bibron's antidote of any service in such cases. "Whiskey and ammonia *internally* and *heroically* are our sheet anchor."

Home News.

THE Health Commissioner pleaded to the indictment charging him with oppression in office, etc., etc., etc., that the Grand Jury had no jurisdiction over our quarantine grounds. In his affidavit he carefully avoided denying the *truth of the charges.* Judge Cady, of our Court of Criminal Correction, *of course*, quashed the indictment. "A fellow feeling makes us wondrous kind!"

CONSULTING PHYSICIANS to City Hospital have been appointed by the Board of Health as follows: Drs. John T. Hodgen, J. M. Scott, P. G. Robinson, A. Jaminet, R. Gebser, T. F. Prewitt, G. M. B. Maughs, E. F. Smith, J. K. Bauduy, W. H. Ford, Wm. M. McPheeters, G. Baumgarten. To Female Hospital: Drs. C. H. Hughes, E. C. Gehrung, L. Ch. Boisliniere, T. L. Papin, A. P. Lankford.

THE City Dispensary, as now managed, is a public nuisance. There are now *three* regularly appointed dispensary physicians, while two would be amply sufficient to perform all the work. We have no objection to the incumbents, but it is simply a waste of the public funds to employ three physicians in the dispensary and three more in the sanitary department, when two would be able to perform all the duties. It is strange enough that more physicians should be employed about the Health Office than ever before in its history, while the entire city is in a most excellent condition so far as regards the health of the people is concerned.

YELLOW FEVER is supposed to be present in the Quarantine Hospital. Certain refugees from the lower Mississippi are reported to be sick with that disease. Quite a large number of cases of other affections are housed in the same hospital, but, strange to say, none of them have contracted the fever from the alleged cases with whom they have been brought in contact. If yellow fever is contagious, and if any cases of that disease have been treated at quarantine, it certainly has proved itself non-contagious. If it is not contagious what excuse can there be for the establishment of quarantine? The expense to the people of Mr. Francis' pet institution will probably not be below twenty thousand dollars! He will make an economical mayor of St. Louis—when elected.

THE St. Louis College of Physicians and Surgeons, advertised in our columns, is now organized and ready to receive students. The faculty consists of the following gentlemen:

Dr. L. Bauer, Professor of Surgery; Dr. A. S. Barnes, of Midwifery; Dr. R. S. Anderson, of Anatomy; Dr. P. H. Cronin, Materia Medica and Pharmacy; Dr. Jos. H. Leslie, Minor Surgery and Dermatology; Dr. J. A. Fabricius, Genito-Urinary System; Dr. L. H. Laidley, Gynecology and Histology; J. G. Lodge, Esq., Medical Jurisprudence; Dr. Theo. Fay, Chemistry and Toxicology; Dr. R. A. Vaughan, Diseases of Children. The chairs of Physiology and Practice of Medicine will be filled within a few days, in time for the opening of the regular session next month.

WM. B. HAZARD, M. D.,
Registrar of the Faculty.

We venture to call especial attention to the fact that the new college complys with all the requirements of the "higher standard" of medical education to which we have frequently referred during the present year, viz: preliminary examination of students, three years of lectures and a graded system. Frequent examinations and recitations from text-books will be a regular feature.

It may be well to state that *this is the first attempt* to advance the requirements for the medical diploma that has ever been made in St. Louis. The editor of the CLINICAL RECORD will be one of the officials of the new school, but this journal will in no respect be "the organ" of of the St. Louis College of Physicians and Surgeons, or of any institution whatsoever.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, OCT., 1879. NO. 7.

Original Communications.

ON THE TREATMENT OF CHOREA WITH HYPODERMIC INJECTIONS OF ARSENIC.

BY WILLIAM A. HAMMOND, M. D.,
Surgeon-General U. S. Army (retired). Professor of Diseases of the Mind and Nervous System in the University of New York, etc.

The science of therapeutics is that in which the busy practitioner finds more enjoyment than in any other branch of medical science, for it is the one of all others that he can make more immediately useful to himself and his patients. Doubtless if morbid anatomy and pathology were completed sciences they would constitute the basis of therapeutics, but as they are very far from being even tolerably developed we are obliged, in the vast majority of instances, to look to pure empiricism for advance towards that goal which is after all the end and aim of medicine—the knowledge of how to cure the sick.

The present contribution makes no pretension to anything beyond that of relating to a practical point of some value. It has not even claims to originality, for the method in question was recommended by Radcliffe* over ten years ago. In reference to the matter he says:

"I have often used arsenic in the treatment of chorea and I have great faith in its efficacy as a medicine in the malady. At the same time I have often abandoned its use in consequence of the gastric disturbance which, do what one will to prevent it, was sometimes set up by it. It seemed, indeed, as if in these cases the stomach could not tolerate the medicine in doses large enough to produce a sufficiently rapid action in the cure of the disease. It did not follow, however, that this intolerance of the stomach was a sufficient reason for abandoning the arsenic in these cases, for the stomach is not the only channel by which this medicine could have been introduced into the system. Failing through the stomach, indeed, the hypodermic or endermic method might have been tried, and that, too, I have now reason to believe, with many chances of advantage to the patient."

Dr. Radcliffe then gives the details of a hospital case of chorea in which the hypodermic injection of Fowler's solution was entirely effective in curing a choreic affection which had lasted over nine years, and of another in which choreiform movements existing for ten years it was sufficient to produce permanent amelioration.

In this country hypodermic injections of arsenic in the treatment of chorea appear to have been first used by Dr. J. Lewis Smith,* but since that time the measure does not seem to have attracted any attention.

For the last ten years I have, in obstinate cases of chorea, employed hypodermic injections of Fowler's solution with marked success. In recent or slight cases they do not appear to be necessary, these yielding readily to the use of arsenic by the stomach or very often getting well of themselves, but in instances of long standing which are generally classed as incurables, I am quite sure that we have in the means referred to

* Article *Chorea*, in Reynolds' System of Medicine, London, 1868, p. 133.

* Medical Record.

a valuable therapeutic measure which ought not to be disregarded.

In administering arsenic by this method, a few points of manipulation are to be considered, for there is a decided tendency to the causation of cellulitis and consequent abscess, and also of painful cutaneous inflammation.

A point for the injection should be chosen in some part of the body where the skin is loosely attached to the subjacent tissues. The skin near the insertion of the deltoid is not a suitable place for the hypodermic injection of arsenic, however well adapted for injections of other substances. I very soon found out that when inserted there, erythema, or abscess, or both, were the invariable sequences. Moreover, the mere act of injecting arsenic in those situations where the skin is tight and the tissues dense is accompanied with very considerable pain.

The best point is on the front of the forearm about midway between the wrist and the bend of the elbow. Here the skin is loose and can be easily lifted up by the thumb and finger from the tissues below. In the next place the arsenic should be deposited just under the skin in the cellular tissues and not in the substance of the skin or muscles. Neglect of this point will almost invariably lead to the formation of abscess. The point of the syringe should therefore be just carried through the skin and then for about half an inch parallel to the face of the arm. The injection should then be made slowly, and it is well to lift up the skin over the place where the injection has been made so as further to facilitate its absorption.

And, lastly, it will not do to inject the undiluted Fowler's solution, for if this provision be not followed, cellulitis, erythema and intense pain will certainly be produced. The dose which it is deemed proper to inject should be diluted with at least an equal quantity of water, or, preferably, of glycerine. The latter substance seems to be more readily absorbed and to produce less irritation than water. All these precautions are for the purpose of preventing local troubles. There is certainly a strong disposition on the part of arsenic to produce them. If, however, attention be paid to the rules I have laid down, there will rarely if ever be any local disturbance.

The dose of arsenic administered by hypodermic injection may be very considerably larger than that which the stomach will ordinarily tolerate, and it is just here that the superior advantages of the method are most clearly shown. It is in chronic cases of chorea and certain choreiform affections that large doses of arsenic are especially required, and the effect of such doses in curing the disease is not only generally prompt, but is unassociated with any toxic phenomena. I have frequently given as high as thirty-five drops of Fowler's solution by hypodermic injection, as an initial dose. It is very certain that the stomach would not tolerate this quantity. Again, I have often carried the amount taken by the stomach to the utmost bounds of prudence —till the eyes were puffed and vomiting was almost incessant, and then have continued the arsenic in larger doses by hypodermic injection with the result of the cessation of all gastric symptoms and the rapid cure of the disorder.

With these introductory remarks I pass to the description of two or three cases in which the beneficial effects of the arsenic administered hypodermically were unquestionable:

Case I.—Mrs. A. C., of Jersey City, consulted me, May 11, 1879, for a spasmodic affection of the muscles of the neck attended with great pain. On examination I found that the left sterno-cleido-mastoid was the subject of clonic spasm, and that the left trapezius was also similarly involved. As a consequence the head was, every few seconds, jerked round towards the right shoulder, at the same time being drawn backwards. It was possible, by a strong effort of the will, to arrest these movements for a half a minute, and at times, when alone and undisturbed, they

were less strong and frequent. During sleep they entirely ceased. The affection had came on suddenly some five years previously, apparently as the result of exposure to cold. No therapeutic measures (among which had been electricity, water-cure and braces of various kinds) had produced the slightest beneficial effect.

In the beginning I administered Fowler's solution in doses of eight drops three times a day, increasing the doses a drop every day. When sixteen drops were reached the skin around the eyes became puffed and each dose excited nausea and vomiting. Up to this time there had been a very slight degree of improvement, but I found it was impossible to carry the arsehic far enough when administered by the stomach to get the full effect of the drug, I therefore, on the 20th, administered hypodermically, one injection of twenty-five drops diluted with a like quantity of glycerine. On the 21st she received thirty drops, and now there were decided evidences of improvement—the pain was greatly mitigated and the spasmodic movements were less extensive and less frequ nt. On the 21st thirty-two drops were given, and on the 22d thirty-five. The amelioration was now still more strongly marked, and by continuing the doses of thirty-five drops till the 25th, the pain and the movements were caused to cease entirely. The medicine was now stopped and the patient has remained to this day free from any spasm. There is still (Oct. 6th) a slight tendency for the head to turn to the right, but this is being gradually overcome and the power over the formerly affected muscles is complete.

Case II.—Miss H., aged twelve, a young lady from Texas, was brought to me by her mother in the autumn of 1878 to be treated for chorea, with which she had been affected for several months. The muscles chiefly affected were those of the face, both shoulders and both upper extremities, but at times there was a curious protrusion of the abdomen from the spasmodic action of the erector spinæ muscle.

I at once began the treatment with arsenic and the application of pulverized ether to the spine, the former in doses of five drops of Fowler's solution three times a day, increased a drop every alternate day, and the latter once daily. By the time ten drops of the arsenical solution was reached (which was in ten days) there was decided improvement. The eyes were slightly puffed, but the stomach bore the remedy exceedingly well. I continued the medicine up to fourteen drops without exciting gastric disturbance, and then, as the choreic movements had ceased, I refrained from further increase, but kept on with the doses of fourteen drops for three or four days longer. She then went home cured.

But in May, 1879, she returned to me, with all the choreic symptoms as bad as ever, and her mother informed me they had made their appearance a couple of weeks before without apparent cause. I again tried the arsenical treatment with ether to the spine which had been so beneficial the year before, but it was now apparent that from some cause or other the stomach had become intolerant of the drug, for I found it impossible to administer with safety more than eight drops, and this quantity had no benificial influence over the disease, I therefore determined to use the hypodermic injections. Twelve drops were the initial dose, the next day thirteen were given, the next fourteen, and the next fifteen. There were no choreic movements after this dose was attained. It was given daily for a week, and then the patient was discharged cured. In all this time there had been no toxic symptoms beyond slight puffing of the face.

Case III.—I. H., a boy eight years of age, was brought to me, July 10, 1879, affected with general chorea. The case was a chronic one, having lasted about a year, and had been treated by his physician with a single drop of Fowler's solution administered once every alternate day, and with sulphate of zinc in about as efficacious doses. I began the treatment in this case with hypodermic injections of five drops of Fowler's solution given daily, and every alternate day increased a drop. In ten days thereafter the patient was taking ten drops daily. As by this time great amelioration had ensued, I did not carry the increase farther, but with the view of preventing a relapse, the doses were continued for several days. On the 28th all treatment was suspended, the patient being entirely free from choreiform movements.

In cases of acute chorea a large number of which I have treated with hypodermic injections of arsenic, smaller doses may be given than when administered by the stomach, and they do not require to be so frequently repeated. Thus it often suffices,

for the speedy cure of the disease, to give four drops of Fowler's solution hypodermically every alternate day for a week or ten days, and then to increase the dose to five drops for a like period. I have compared the duration of acute chorea as treated by the gastric and hypodermic administration of arsenic, and have ascertained that the period is shortened one-half by the latter method. While admitting that the tendency in such cases is, with hygienic measures, towards a cure, the beneficial effects of the arsenic are none the less evident. I have repeatedly seen the most marked improvement result from a single injection.

NOTE.—Just as this paper is concluded I have had sent to me by my foreign bookseller, a monograph (Du traitement de la Chorée spécialment par l'arsenic et les injetiones de liqueur de Fowler par le Docteur H. Garin. Paris, 1879) in which great stress is laid on the use of hypodermic injections of arsenic in chorea, and in which the beneficial effects of the procedure are well pointed out.

NEW YORK, 43 West 54th street.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FŒTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878–79, *and* 1879–80.

BY EDWARD C. SPITZKA, M. D.,

Professor of Comp. Anatomy and Embryology, Columbia Veterinary College; Vice-President of the N. Y. Neurological Society; Curator and Pathologist to N. Y. Medico-Legal Society; Physician to Dept. of Nervous Diseases, N.E. Dispensary; W. and S. Tuke Prize Essayist; Hammond Prize Essayist. Etc.

LECTURE I.

There is no branch of morphology which is so much neglected in our medical schools as embryology. This neglect is in striking contrast with the attention which this subject has received abroad; there special professorships, entire lecture courses and well furnished laboratories are devoted to this interesting and important science, and with reason, for look where we will, there is hardly a single theoretical branch in Medicine which is not more or less founded on, and, therefore, presupposes a knowledge of embryology. Physiology, Histology, Systemic Anatomy and Obstetrics all seem to claim it as a legitimate division of their proper field, and lecturers on these branches find themselves forced to introduce a few embryological facts, however cursorily!

In such lectures as our anatomical, physiological and obstetrical teachers give in this field, it is almost universally taught that the mammalian ovum is a cell, that the germinal vesicle is the essential vital agent of that cell, and that as soon as impregnation occurs the vitellus undergoes cleavage into two *equal* hemispheres which in their turn subdivide and re-subdivide until the well-known mulberry stage results. Further, in tracing out the metamorphoses of the germinative area, an *area opaqua* and *area pellucida* are differentiated, and the nervous system is traced from the primitive groove. The reader need but refer to certain well-known text-books, to find one or all of these facts stated as represented.

Now all such statements are *fundamentally* wrong, and that not only teachers convey, but acknowledged text-books contain such crude and erroneous notions, may serve as a justification of the present lines, whose object is to present in a convenient form the advances made in this field during the last decade. That at the same time I also deal with many well-known and well-established facts will but prove acceptable to the student, whose sole object is to acquire an adequate conception of the outlines. It is also hoped that even the advanced reader will not find reference to these facts superfluous, in-as-much as such reference is necessary to the unity of the subject.

The human ovum as found in the ovary

is a very complex body, and is the product of a series of changes which began in the body of the mother when the latter was herself an embryo. Since a knowledge of the formation of the ovum in the embryonic ovary involves a preëxisting knowledge of the very changes which we have undertaken to describe in this series, we must defer the subject of *ovogenesis* to a later period.

If we examine a Graafian vesicle as it approaches maturity, we find that it is primarily an excavation in the solid tissue or *stroma* of the ovary. Since, as I shall develop in its proper place, the vesicle grew by eccentric pressure of a secreted fluid, it follows that the portion of the stroma which immediately surrounds the cavity of the vesicle becomes denser by pressure. It is this denser portion which is styled the *theca folliculi* or the proper sheath of the follicle (or vesicle).

The theca is richly supplied with blood vessels and an intricate plexus of nervous fibrils. On the inner side it is lined by a continuous series of epithelial cells, which in their entity pass under the title of a *membrana granulosa*, and at one point of the wall of the follicle this membrana granulosa presents a considerable thickening, here numbers of the same epithelial cells lie in a heap or cumulus, called the *cumulus granulosus* or *discus proligerus*, the former being the proper name, since the accumulation resembles a heap, and in no way simulates a disc.

Now all the remainder of the cavity, contained within the described epithelial lining of the follicle, is filled by a clear fluid closely resembling blood serum in composition and which is known as the *Liquor folliculi.*

When De Graaf discovered the follicle or vesicle now bearing his name, he thought that he had the actual egg of the human being before him. But the French investigators, Prevost and Dumas, correctly inferred from the fact that in pregnant women the follicular sheath was still to be found in the ovary (but in a collapsed condition), that the *whole* follicle did not correspond to the egg. They further inferred that the real vital element was contained in the liquor folliculi since this escaped from the collapsed sac with impregnation. If Prevost and Dumas had said that the germinal agent was in the contents of the follicle and escaped with the liquor and not the liquor folliculi itself, they would have been correct; but although they confounded a collateral phenomenon (the escape of the liquor) with the essential fact (the escape of the *ovum* with the liquor) yet their researches resulting in excluding the participation of the follicular sheath, were in so far a step to the real solution of the problem.

In the year 1827, Carl Ernst von Baer discovered that, in the *cumulus granulosus*, was enclosed a spherical body of the same essential structure as the eggs of lower animals. He had discovered herein the human and mammalian *ovum*, and from his discovery, which proved that in all important features man and the higher animals developed like birds, reptiles, fish and lower animals *from eggs*, dates the science of embryology.

The human ovum as contained in a maturing Graafian follicle, and situated in the cumulus granulosus (its *nutritive depot*), is composed of an outer membrane, a yolk enclosed in that membrane, and a smaller vesicular body within this yolk. Some writers have herein perceived an analogy to a histological cell, and compared the membrane to a cell wall, the vitellus to the cell contents (protoplasm) and the vesicular body to a nucleus. But although we can consider an analogy as likely, yet in so many points does the ovum differ from the typical histological cell, that the best authorities have come to consider it as as a complex *organism*, and not as a simple cell. The outer membrane especially presents such a complex structure that any comparison of it to a cell membrane is fallacious!

This outer membrane is highly elastic

and, hence, by its resistance to pressure from without is well able to protect its delicate contents. It is transparent and hence termed the *zona pellucida* corresponding to the egg capsules of the eggs of bony fishes.*

This *zona* is perforated by myriads of minute pores which run in channels excavated perpendicular to the surface, so that when a section of the zona is made it appears finely striated. These pores have for their object the admission of spermatozoa, although not one of them is as large as the head of a spermatozön. In lower animals, a special canal the *micropyle*, of much larger calibre than the pores mentioned is found, but although various observers claim to have seen such a micropyle in mammalian ova, the most careful investigators, such as Hensen and van Beneden, have failed to find it. The writer has seen spermatozoa penetrate through the zona of rabbits' eggs, although no micropyle was discoverable. It is therefore to be assumed that the smaller pores suffice for the transmission of the spermatozoa.

The yolk, or *vitellus*, fills the entire space within the zona. It presents, optically: first, a finely granular protoplasm; second, dark coarser granules; third, round refractive bodies. All of these can be readily supposed to have a different protoplasmic and inferentially a different chemical combination. Some ground is lent to this supposition by the intricate chemical character found by Miescher and Hoppe-Seyler in the yolk of lower animals, this latter being composed of lecithin (whose full and formidable chemical title is the Distearyl-glycerin-phosphate of the trimethyl-oxyaedul-ammonium-hydrate) vitellin, lutein, and certain fats. Whatever our supposition, this much is clear, that the vitellus has a high protoplasmic structure, and is rich in the materials required in the building up of the embryo.

The round clear body contained within the vitellus, is always situated eccentrically, it is termed the *germinal vesicle*. But as this title would, perchance, mislead the student into believing that this body must have some important function in relation to the germ-metamorphosis, we discard this as a misnomer, and adopt the name derived from its discoverer, the *Purkinjean vesicle*. It consists of a delicate membrane, in which a clear fluid, with a reticular protoplasm (nucleoplasm, van Beneden) is contained with several granules of a roundish shape; the largest of these has been termed the germinal spot, the smaller are known as the accessory germinal spots. *Nucleolus* and *accessory nucleoli* seem to be fitter names; their importance has been greatly overrated.

The ovum, composed of zona, vitellus and vesicle, now becomes completely matured, its protoplasm shows *amœboid contractility*, and this contraction of the vitellus gradually forces the Purkinjean vesicle to the surface, it finally becomes ruptured by pressure and the membrane of the vesicle collapses and is thrown out of the vitellus to lie between it and the zona. The contents of the vesicle become assimilated by the vitellus, and now the *fully mature egg contains no germinal or Purkinjean vesicle.*

The ovum, we hence perceive, passes through the preparatory stages of development before the occurrence of impregnation and while still in the ovary.

The observance of these phenomena leads to the inevitable conclusion, that the ovum, to a certain extent, possesses the potentiality of development independent of fructification by the male element. Dermoid cysts of the ovary in undoubted virgins, containing bones recognizable as abortive maxillaries, teeth, hair and skin are in great probability, nay, certainly due to a virgin development of the unfructified ovum. In bees, some butterflies, ants and wasps such

*There is no homologue of the zona in the chick's egg, *vice-versa* the albumen, egg-shell and shell-membrane have no homologue in the human ovum. Such homologies have however been attempted by those who delight in crude comparisons.

virgin development, known as *Parthenogenesis*, results in the formation of (aside from sex) perfect animals. Hensen isolated the oviducts of a rabbit, so that admission of semen was rendered impossible, while the ova discharged at heat were forced to remain in the oviduct. On killing the animal three years after he found the ova developed into peculiarly twisted, club-shaped sacs. Oellacher found segmentation to occur in unfertilized chickens' eggs, Burnett and Agassiz saw the same in fishes' eggs. Moquin-Tanden witnessed it in frogs' eggs, which reached the mulberry stage, and the writer saw an imperfect blastoderm form in unfertilized ova of the toad-fish (Batrachus tau).

While the parthenogetic process is always abortive in vertebrates and, as Washington Irving remarks, the ingenious maiden who at the present day would attempt to explain conception on any other grounds than a collision of the male and female elements, would find it hard to overcome the prejudices of science (and a popular experience of no slight weight in this instance), yet in the arthropoda, as in the case of the insects cited, it must be considered as a normal occurrence.

One of the most remarkable examples of parthenogenesis is offered by the *Artemis salina*, a little crustacean residing in saline springs and the water near salt mines. According to von Siebold this animal propagates its kind for several generations without a male being present, males being formed only at intervals of several years. The interesting observations of Weigenbergh on the silk moth have shown that parthenogenesis would not succeed in propagating a species beyond three generations, the male element being necessary at stated intervals.

To return to the mammalian ovum (there being no observable differences between the human ovum and that of other mammals), we find that the protoplasm of its vitellus shows a new arrangement. The finer and lighter protoplasm forms an outer zone, while the darker and coarser forms a central one. At the point where the germ vesicle was destroyed and gave up its contents to the vitellus, the light cortical zone is thicker and lens-shaped, encroaching on the dark central zone.

Whatever the signification of this differentiation it has not yet been interpreted, and as soon as the membrane of the germ-vesicle has been expelled the light and dark protoplasms lose their demarcation. With the escape of the germ-vesicle's membrane, the vitellus which previously filled the entire space comprised within the zona pellucida contracts and now no longer fills that space, a vacant slit remains between vitellus and zona which is filled by the fluid which is pressed out of the vitellus by its own contraction. This is *perivitelline fluid*.

This stage in which the Purkinjean vesicle has disappeared* and the vitellus has contracted and is separated, as it were, from the zona pellucida by the perivitelline fluid is called the MONERULA STAGE.

The ripe unimpregnated ovum, whether at the close of its ovarian residence, or during its entrance into the Fallopian tube is therefore in the first or Monerula stage.

Now how does the ovum leave the ovary to reach the Fallopian tube? The reader is familiar with the current view which asserts that the ova escape by the rupture of the vesicle through periodical congestions of the ovary. This view is untenable for a moment! There are, as a rule, several vesicles maturing at about the same time, that is, vesicles distended almost to bursting by liquor folliculi, and so close to the surface, that they appear like watery beads, imbedded in the ovarian cortex. Now if a congestion or contraction of the ovary were to occur, all of these vesicles would rupture simultaneously, and however willing we

* With this fact, the theories of Balbiani and van Bambeke regarding impregnation as the result of a fusion of the male element with the Purkinjean vesicle as a "maternal nucleus" fall to the ground.

might be to admit that a small proportion of the ova, only, would be impregnated, yet under this view multiple pregnancies would be the rule. No! the real determining factor is the development of the follicle itself. After the ovum has reached maturity, the bloodvessels of the theca continue secreting liquor folliculi, the stroma of the ovary, facing the free surface, becomes extremely attenuated, and as the continuing secretion finally overstrains the distended sac, it ruptures. The liquor folliculi escapes with a gush, sweeping the ovum, and the adhering parts of the cumulus granulosus, out on the free surface of the ovary, and the anatomical construction of the parts favoring its transit, it enters the oviduct or Fallopian tube.

That an engorgment of the ovary may favor the rupture of a vesicle we will not deny, but we insist that the rupture *must* take place, congestion or no congestion, its ultimate cause lying in the progressive distension of the follicle from within.

The arrival of the ovum in the Fallopian tube and its fructification open a new period in the development of the human being.

NEW YORK, 130 East 50th street.

Clinical Reports.

LIME-WATER AS A SOLVENT OF BLOOD-CLOTS IN THE BLADDER.

BY WILLIAM A. BYRD, M. D.

Lime-water as a solvent of false membrane formed in the air passages has been used sufficiently long not to be a great novelty. Yet a great many most excellent physicians have not given the matter the attention that its importance deserves.

In a communication to this journal for August, 1879, upon the galvano-cautery as an agent in tracheotomy and lime-water as a solvent of croupous membrane I detailed an experiment made by Dr. Edward B. Montgomery and myself with lime-water as a solvent of croupous membrane. A reprint of this article I sent to various professional friends. In the response from Dr. J. H Ledlie, of Pittsfield, he reports a case where the use of the lime-water was, to me, unique, and of so much importance do I consider his results that I am sure he will pardon me for publishing his private letter as follows:

"PITTSFIELD, ILLINOIS,
Sept. 19, 1879.

Wm. A. Byrd, M. D., Quincy, Ill.:

DEAR DOCTOR:—Accept my thanks for your paper on 'Tracheotomy,' received a few days ago. I think it has been of great benefit to a patient of mine, and it certainly was a comfort to me.

I have a patient, a man, who for two years has suffered greatly from hæmaturia. The blood comes from the kidneys. At times the hemorrhage is very profuse, and clots in the bladder. Heretofore I have always succeeded in washing it out with a double current catheter. Last Saturday I was called to see him. He had lost a great quantity of blood, and was suffering very much from vesical tenesmus. I passed my catheter and injected a stream of water. All at once the stream returning would stop. By withdrawing the instrument I could start it again, but he insisted there was a foreign body there. I must say, that the previous day he had experienced excruciating pain along the course of the ureter. I suspected stone and sounded him, but could not discover one, still my instrument touched something. I repeated the washing out of the bladder until the water returned colorless. I then made up my mind that there was a clot, with the coloring matter washed out, and recollecting your account of dissolving the false membrane with lime-water, I threw in one half pint of lime-water allowing it to remain half an hour. When it passed off it resembled what you describe as the appearance of the false membrane after lying in lime-water. He also passed a large piece of fibrin which had evidently been acted on by the lime-water, although not sufficiently so to dissolve it entirely. Had it not passed away, I am convinced another injection would have dissolved it entirely. He is now quite comfortable, all

sense of a foreign body in the bladder having passed away.

Yours very sincerely,

J. H. LEDLIE."

I hope others may try Dr. Ledlie's mode of treatment in such cases and report the result.

QUINCY, ILL., Sept. 22, 1879.

CASE OF INTESTINAL OBSTRUCTION.

BY WM. B. HAZARD, M. D.

On the morning of July 27th, of the present year I was called to see Mr. M. English, aged fifty-one years, who was suffering violent paroxysmal pains in the abdomen. He had always enjoyed good health, was rather corpulent, and although a *bon vivant*, had never been addicted to the use of alcoholic drinks.

He had had a free evacuation of the bowels after a hearty breakfast, on the morning in question, and had ridden upon a dray, to which he was not accustomed, about two miles, when he was suddenly taken with the almost intolerable pains referred to. He had already taken half a grain of morphine when I first saw him, but without effect. There was some nausea with eructations of sour tasting gases from the stomach. Believing it to be a case of acute indigestion, he was ordered a dose of castor oil with tincture of opium. After the lapse of an hour, there was no relief from the pain, while the pupils were decidedly contracted. He was perspiring freely and the pulse was small and slow. Deeming it unsafe to push the opium farther, he was given fifteen minims of chloroform in emulsion with yolk of an egg; this was repeated in half an hour with the effect of alleviating the pain and inducing sleep.

The abdomen had been covered with large poultices sprinkled with oil of turpentine, and now an enema of castor oil and assafœtida was administered. No stool was induced, the injection being returned unchanged in appearance.

There being urgent desire to evacuate the bowels, the injection was repeated on several occasions, being very large, introduced high up, while the patient's head and shoulders were placed low in order to have the aid of gravity in retaining them. Still no fæces were obtained, and the patient's condition appeared rather alarming—his surface being cold and clammy and his strength greatly reduced.

In the evening it was learned for the first time that he had eaten a large quantity of toasted cheese for his supper the previous night. My diagnosis was now corrected. I concluded that the undigested mass had become impacted in some portion of the large intestine, probably the ascending colon, and that the muscular coat of the intestine had become partially paralyzed from distention by gases generated behind the obstruction. He had vomited the oil first given, and the vomiting had been repeated on several occasions.

Small doses of castor oil in emulsion were ordered to be taken at short intervals, along with shaved ice to control the gastric irritability, and five *parvules* (1-20 gr. each, Warner's) of belladonna leaf, every two hours.

Shortly after the second dose of belladonna he had a small evacuation of hardened fæces, and before morning a large quantity of the same character of materials was expelled, giving him perfect relief. He completely recovered in a few days, care being taken to allow only the most bland and unirritating articles of diet, and each meal followed with fifteen grains of lactopeptine. The bowels were sluggish for several days, but recovered their tone under minute doses of podophyllin.

It is possible that electrization of the abdomen, as recommended by certain writers (see translations in this number), would have been more speedily successful in relieving my patient; it is also reasona-

bly certain that belladonna would have saved him much needless suffering if it had been given earlier.

No. 5 High street, St. Louis.

DISPENSARY OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Surgical Clinic of Prof. L. Bauer, M. D.

COMPLETE ATRESIA OF THE VAGINA.

The patient came to the dispensary on Sept. 3, of the present year. She is thirty-eight years of age, and of good constitution. About a year ago she was delivered of a dead child; was attended by a midwife and, apparently, had no trouble. Nevertheless, a complete atresia of the vagina followed, from which she has suffered severely for the past nine months. At each menstrual period she has been subject to violent pains in the hypogastric region and back, frequent and painful micturition, with distension of, and tenderness over, the entire abdomen. The general disturbance was so great that she was obliged to keep her bed for several days at each period. After six or eight days, these symptoms would subside and she would be comparatively comfortable until the next menstrual period; the symptoms becoming more violent on each repetition.

Digital examination per vaginam and rectum revealed a large, circumscribed, fluctuating distension of the upper part of the vaginal canal which lifted the uterus so far as to be out of reach of the finger. On the introduction of Sims' speculum, a cicatricial diaphragm was found situated about four and one-half inches from the *ostium vaginae*, completely occluding that canal. Through this partition the fluctuation of a fluid conld readily be detected, but the extent of the accumulation was not fully ascertainable.

The diagnosis of complete atresia of the vagina with accumulation of menstrual fluid in the upper third of that tube and (probably) in the distended uterus (hæmatrometra) could not be avoided.

The insertion of a trocar through the partition permitting the escape of a large quantity of a dark, tarry liquid verified the diagnosis. This discharge was kept up for several days without interruption. Occasionally, painful contractions of the womb occurred, simulating labor-pains, rendering it very certain that that organ had participated in the distension, and served as a reservoir for the retained fluid.

The next step in the treatment was the making of a crucial incision of the diaphragm described and removal of the flaps thus formed. This was followed by copious bleeding which was arrested with much difficulty by my able friend and colleague, Dr. Larew. Since that time the vaginal passage has been kept open by various means: large sponge tents, cylinders of glass and wax, etc. There has been a strong tendency to renewed contraction of the cicatricial tissue, hence persistent attention and treatment will be necessaay to prevent relapse.

We have not been able to trace the atresia to its proximate cause. The patient had been well until her last labor, and this had taken place without accident. It is not likely that a superficial rupture of the vagina occurred at that time, nor that if it did occur that it could have given rise to this cicatricial contraction.

The patient was sent to the clinic by Dr. Rothstein, of Waterloo, Ill., near which place she lived. She was, therefore, far removed from the "social evil," and besides presented no evidences of gonorrhœa or syphilis. The presumption is a fair one that there was excoriation about the neck of the womb (following laceration of the cervix during labor?) followed by superficial excoriation of the vaginal surfaces aggravated by lack of attention to cleanliness, the outcome of which was thus disastrous. Another point attracts attention: the comparative freedom from pain in the

inter-menstrual intervals. This may be explained by the absorption of the watery portions of the menstrual fluid soon after each new addition was made to the contents of the reservoir, by this the quantity was diminished, while it assumed the tarry consistence it presented when evacuated.

HIP-JOINT DISEASE IN CONVALESCENCE.

This little girl, aged nine years, has been under my charge for the last two years. Most of that time she has enjoyed excellent health, good rest and appetite, regularity of the vital functions, and nutrition being satisfactory, she has grown proportionately to her years.

When she came under my charge her condition was diametrically opposed to this described. I found her in the third stage of morbus coxarius, with pelvis tilted and rotated, adduction, flexion and shortening of the affected extremity, and inversion of the toes of the limb. There was then, as there is now, a circumscribed abscess in the gluteal region; she experienced all the progressive sufferings of hip-disease. The adductor and flexor muscles of the thigh were so firmly contracted as not to relax when she was under complete chloroform anæsthesia. There was crepitus in the joint, but no perforation of the acetabulum. Considerable infiltration and abnormal firmness of the tissues about the joint were to be noticed.

The contracted muscles were divided (subcutaneously), the limb was brought into a position rectangular to the pelvis, the abscess was opened, and the articulation immobilized with a plaster-of-Paris bandage. From that moment all her symptoms were alleviated, and improvement has been continually manifested. The bandage had to be removed; then my hip apparatus was applied and open-air exercise on crutches was allowed.

Finding that this apparatus did not fully meet all the exigencies of the case, Owen Thomas' splint was applied, which has acted like a charm. Ever since this application she has done remarkably well, and has steadily improved both in her looks and ability to walk.

This child is exhibited to the class for the purpose of showing the beneficent effects of modern treatment of these cases, to demonstrate that all these results have been brought about by *local* treatment exclusively, that all the symptoms which in the beginning might have been ascribed to *struma* have been obliterated, and, finally, in order to evacuate the contents of the abscess which has remained without changing in size or character for the last eighteen months.

This abscess was originally formed by suppuration in the joint and perforation of the posterior portion of the capsular ligament. But the facts that it has undergone no change and its contents have thickened and given no further trouble, seem to warrant the inference that the opening in the capsule has closed and all anatomical connection with the joint has ceased.

On opening the abscess it is noticed that the matter it contains is semi-fluid, of a bland character, free from structural detritus, presents no odor, and has obviously commenced caseating. If this process were allowed to go on, it might shortly present the characters and be mistaken for a tubercular mass.

Twenty-five years ago, the recovery of a case of advanced hip-joint disease, with such insignificent changes in the form and usefulness of the extremity, might have been heralded far and wide as a miracle due to the intervention of some beneficent saint!

Translations.

(Translated for the Clinical Record.)

INTESTINAL OBSTRUCTION RELIEVED BY ELECTRICITY.—(*Union Méd. et Scientif. du Nord-Est*, Aug. 31, 1879) M. Malet, intern of the Hôtel-Dieu of Rheims, read an interesting report of a case of this description,

to the medical society of that city, on March 19th, last, which we condense:

The patient, a laborer aged sixty years, had always enjoyed good health until the first of March, when he fell upon a heap of stones, receiving several slight contusions on the right side. In the evening he went home and was obliged to go to bed, and was soon taken with violent colic, which prevented him from taking the least nourishment. During the night he began to vomit, at first food, then bile, finally stercoral matters; he had no stool. Next day, March 2, he took a dose of castor oil, which was rejected as soon as taken. The following days vomiting continued, he could not take the least food, and even water was vomited as soon as taken. On March 5 he entered the hospital

Condition on admission to hospital: Considerable tympanites, tension of the abdominal walls through which the intestinal folds could be felt distinctly. The belly is not tender at any point. The patient has two hernias, complete on the right, with the inguinal ring enlarged so as to admit three fingers, on the left side a very small hernia. Castor oil was ordered to be taken in repeated doses. In the evening the patient was worse, had vomited the oil, and the stercoraceous vomiting persisted. He seemed to be in a state of profound collapse. Rectal injections of various kinds were tried without effect.

The next day, March 6, recourse was had to electricity—the first application of twenty minutes duration was made at noon, one pole was placed in the anus while the other was moved over the abdomen. No effect being obtained it was repeated at 5 o'clock P. M. At 9 P. M., the patient had a considerable stool; he had a better night, the vomiting having ceased. Next day, March 7, he had two electrizations and in the afternoon he had a considerable clearing out, the belly is supple, pulse strong and quite rapid, skin warm and the patient is calm. His recovery progressed without interruption, and on the 10th of March he was well.

M. Canhet has published a similar case in the *Revue médicale de Toulouse*. This was a man, aged forty-five years, who was suddenly taken in the night, with severe colic of a paroxysmal character, but not accompanied with any effort at defecation or with the evacuation of either gaseous or fæcal matters. The usual methods for relieving such conditions: castor oil, hot baths, etc., produced no effect. He had hiccough, but no fever. On the third day, notwithstanding the employment of purgatives and enemata, nothing had been passed from the bowels. Vomiting of fœcal matters followed. On the evening of the sixth day electrization was employed, the induced current was used, the poles were applied as in the case first described. The applications were kept up ten minutes, the patient feeling no painful sensations or movements of the intestines. Some hours afterwards, in the middle of the night, he felt intestinal gurgling and slight pains, these were followed by the expulsion of fœted gas from the anus. The seventh day his condition was about the same, no relief. Electrization was again used for fifteen minutes. A silver sound was attached to the negative electrode and introduced into the anus, the positive pole being moved about over the surface of the abdomen. This second application was painful but not intolerable. No immediate result. Next day large quantities of gas were evacuated, his general condition improved, and at 5 P. M. a general clearing out took place, an enormous quantity of liquid, bilious matters was evacuated. Other evacuations occurred during the night, the last containing a little pure blood, probably from a hemorrhoidal tumor.

[It is possible that in both of these cases there was a paralysis of the muscular coat of the intestine and no real obstruction from torsion or invagination.]

EPIDIDYMITIS.—(*Jour. de Méd. et de Chir. pratiques*, Sept. 1879). In a very complete work on epididymitis, which is well up with the present state of science and worthy of being carefully studied, Dr. Ledouble devotes a considerable portion to demonstrating by cases that the existence of inguinal hernia, varicocele or anomalies of the testicle, determines, in some way, the inflammation towards the testicle of that side when orchitis occurs in the course of an attack of gonorrhœa. Thus he reports fourteen cases of orchitis in subjects of inguinal hernia, in twelve of which it was situated on the side of the hernia. The same was true of varicocele; in nine cases in which varix of the cord had been observed before the epididymitis, it occurred eight times on the varicose side. It is remarkable how the two diseases react upon each other; the orchitis aggravates the varicocele, while atrophy of the testicle is more common in those cases coincident with varices. We should be forewarned of this aggravation of the prognosis, that the patient may be apprised of it at the time. According to Niemeyer, relapses of orchitis are more common in such cases.

It may be admitted that derangements of the circulation or of innervation of the testicles, which accompany varicocele and hernia, predispose these glands to inflammation. It may be said, more simply, that the testicle of this side having a lower degree of vitality is a *locus minoris resistentiæ*, more ready to localize morbid manifestations than its normal companion.

M. Ledouble adds that this will be readily understood, especially if it be admitted that the inflammation of the testicle is the result of reflex action emanating from urethral excitation, but he admits that extension of the inflammation also explains this predisposition.

Anomaly of form and of situation constitute evident predisposition to orchitis. It has been most often observed when the testicle has been arrested in the inguinal canal. These cases of inflammation of the partially strangulated testicle may be taken for peritonitis or intestinal strangulation; it is also true that peritonitis may follow as a sequel. We shall not here describe the symptoms of this accident, among which is to be particularly noted *pain* of the most severe character, even in cases which are not of any gravity. It is very necessary to be aware of these facts, for often the patient does not know that he is monorchid or cryptorchid, or he may conceal the fact. In all such cases, if the pain causes puncture of the tunica vaginalis to be performed, it should be done with great care for fear of implicating a knuckle of intestine. In these cases we often have to commence as if performing herniotomy.

Finally, and this is something new, inversion of the testicle, a common anatomical disposition, predisposes, evidently, to orchitis. Inversion of the testicle has lately been studied with care. It has been ascertained that the epididymis may be displaced: situated especially in front of, laterally above, or coiled around the testicle. In all these cases the abnormal testicle is attacked in preference to the normal gland. There is no difference in the gravity of the orchitis, but in the treatment account must be taken of the abnormal situation of the epididymis, for should puncture be made, an excellent treatment, there is risk of puncturing the testicle, and especially the epididymis. An indurated epididymis in an abnormal situation may lead to errors in diagnosis. Attention should all the more be given to what is called moveable inversion, in which the epididymis is displaced, in a manner, from one day to the next.

In conclusion, it is seen that when orchitis occurs in the course of a gonorrhœa, that it attacks the malformed organ by preference. Hence it is evident that these organs deserve so much greater care the less they conform to the normal type.

TREATMENT OF SCIATICA.—(*Revue médicale*, July 5, 1879). Dr. E. Besnier uses subcutaneous injections of chloroform and gives the following instructions therefor:

I can state that with a good needle, a good syringe and pure chloroform, there are no serious accidents to fear, if the precaution is taken to introduce the canulated needle at once at a single point, to plunge it through the skin, not simply into the skin, to take special care (and this is the principal danger) that the point of the needle be not introduced obliquely, to make sure that not a drop of blood escapes, and to adapt the charged syringe to suit the injection. The needle being oiled or coated with cerate, the skin is easily pierced without giving much pain, and the injection then being made gives only a slight sensation of smarting, which soon passes off even after the introduction of an entire syringeful of chloroform.

I persist in the belief that if accidents occur in these cases they are to be imputed rather to the physician than to the method. On the other hand, experience has shown me that chloroform may replace morphine with advantage, in patients who do not tolerate the latter or in those who are easily affected with morphinism. A certain number of cases of sciatica rebellious to morphine have readily yielded to this method. Some of them have been relieved only, while others have experienced no relief. Why? What are the precise indications for chloroform? At present I cannot say. But what I believe and here repeat is this: that we may inject chloroform into the subcutaneous cellular tissue and into the muscles without danger of either local or general bad consequences. But I do not pretend that chloroform can replace morphine in all cases.

Operative procedure for the treatment of sciatica: I make the first injection high up; the next day lower; the second day lower still. In some cases I even make two or three injections on the same day, using from three to four grams (45 to 60 minims) of chloroform. The dose may be gradually increased without danger. If, after three or four days, no result is obtained, I give it up and have recourse to other forms of treatment. * * * * * *

I have commenced, in my patients, with a few drops, then, not obtaining permanent alleviation, and seeing no accident supervene, I have gradually increased the doses. In rebellious cases this is my procedure: I inject an entire syringeful at the highest point, then a second at the level of the great trochanter, a third at the head of the fibula and a fourth about the malleolus. I have rarely been required to repeat this many times.

REFLEX AMAUROSIS.—(*Ibid*). It is well known that surgical injuries of the orbital or frontal region frequently have a very decided influence upon vision and may lead to amaurosis more or less complete. These cases have been classed as reflex in character. This effect is ordinarily very soon in making its appearance; in the following case, however, the interval between the injury and the loss of sight was prolonged, so as to render this interpretation somewhat doubtful:

A man, in the service of M. Panas, ten years ago, received a sabre-cut in the forehead. This wound, the scar of which still remains, appears to have followed a regular course and the patient recovered without any particular accident. Two years ago, however, he experienced some vertigo and flashes of light before the eyes at rare intervals. For the past four months, from time to time, he has had transient blindness; and, finally, for the past six weeks this has become complete and permanent. On ophthalmological examination nothing abnormal is observed.

The eye itself is healthy, hence there can be no injury to it; and the blindness cannot arise from a cerebral lesion, for there are no accompanying phenomena having

this origin. This Von Graefe designated as retro-bulbar neuritis, thinking that it depended upon some lesion of the optic nerve situated behind the eye at a point where it would not be revealed by direct examination or by cerebral symptoms. It is useless to add that in this case we have sought for all possible causes of amaurosis without finding any. It should be noted that this man is a smoker, but not to excess, hence we may, perhaps, be right in attributing his condition to the injury received in the frontal region. M. Panas caused a seton to be introduced at the nape of the neck, and the patient was put upon the use of iodide of potassium.

PORRO'S OPERATION.—(*Jour. de Méd. et de Chir. pratiques*, Aug. and Sept., 1879). This consists of the Cæsarean section with removal of the uterus and ovaries at the same time. It was first successfully performed by Parro, of Pavia, in May, 1876, from whom it takes its name. Prof. Tarnier has recently performed it successfully at the Maternity Hospital, Paris. The child was dead, but the mother recovered. For a century past, there has not been a single recovery after the Cæsarean operation in the Paris hospitals. Prof. Tarnier used the antiseptic method in all its details, and attributes the good result in his case entirely to its use.

The principal advantages claimed for Porro's over the Cæsarean operation are the following:

The principal source of hemorrhage, the uterus, is removed.

The source of septic infection is removed.

This operation may be made before, as well as after labor has set in.

Conception is rendered out of the question in the future in deformed women.

Thus far, thirty-two operations of this sort have been recorded, with but fifteen recoveries.

The editor of the *Journal* is not in favor of substituting this for the Cæsarean operation except in exceptional cases. Should alarming hemorrhage set in in the course of the latter, he would remove the uterus and ovaries, as was done by Prof. Tarnier in this case. Where the operation is to be performed before labor has set in, then Porro's operation is to be made use of.

A PATIENT WHO HAD GONE DOWN.—(*Mouvement Médical*). A good doctor who had forgotten one of his patients on his rounds of the previous evening went to repair the omission. At the sight of certain black draperies that ornamented the door, he had a sort of presentiment that his patient had left him once for all. Somewhat vexed, he approached the porter: "Is ---?" "It is hardly worth your trouble to go up, Doctor," said the porter, "Monsieur has just gone down."

Proceedings of Societies.

AMERICAN GYNECOLOGICAL SOCIETY.

Fourth Annual Session, Sept. 17, 18 *and* 19, 1879.

FIRST DAY.—The Society met in the hall of the Johns Hopkins University, Baltimore, Md., Sept. 17, 1879, President Dr. T. Gaillard Thomas presiding. Addresses of welcome were made by Prof. Howard and Prof. Gilman.

A paper on intra-uterine medication, by Dr. J. P. White, and one on the use of iodized phenol for the same, by Dr. Robert Battey, were read. Dr. J. Marion Sims, in discussing these papers, said that he thought the use of the curette followed by the actual cautery a much shorter method of treating uterine catarrhs. He dilates the cervix, scrapes away the fungoid granulations, and applies the actual cautery to the freshened surface. Dr. I. E. Taylor was in favor of this treatment, although he

preferred the iron at a less degree of heat and rapidly applied.

Dr. Howard thought that the actual condition of the uterus was frequently not ascertained. Especial attention should be given to removing all flexions. He thought the use of strong acids or nitrate of silver very dangerous.

Dr. Fordyce Barker first dilates the cervix and then introduces cones of iodoform.

Dr. John Byrne thought that solutions of nitrate of silver or chloride of zinc very dangerous, and never, under any circumstances, to be applied within the womb.

Dr. Wm. Goodell effects all needful dilatation with one introduction of tents, using a small sponge surrounded by one or more laminaria tents. He has used phenol in combination with chloral hydrate. He thought there was often a fissure or tender cicatrix at the internal os, which produced the pain experienced by many women on passing a sound beyond that point; these are often cured by dilatation.

Dr. Thomas, as a rule, opposed intra-uterine medication. When made beyond the internal os they were very dangerous as well as generally useless. Flexion or displacement is not infrequently the cause of the catarrhal condition. The curette is of great value when fungosities exist. A lacerated cervix or some constitutional condition is often to be attended to as the cause. In those very rare cases in which true idiopathic catarrh does exist intra-uterine medication is of value.

Papers on the Treatment of Puerperal Septicæmia by Intra-uterine Injections, by Dr. E. W. Jenks; on Idiopathic Septicæmia in Gynecological Practice, by Dr. J. R. Chadwick, and on a Case of Puerperal Septicæmia, by Dr. A. D. Sinclair, were then read and submitted to discussion.

Dr. Engelmann had seen accidents follow the use of carbolic acid in this relation. Dr. Barker had seen five deaths from such medication. Dr. Chadwick advocated solutions of permanganate of potassa for this purpose, as did also Dr. Goodell.

Second Day.—Dr. S. C. Busey read a paper: A Contribution to the Pathology of the Cicatrices and Pigmentation of Pregnancy. He believed that the so-called striæ are caused by localized atrophies of all the layers of the integument with compression and partial obliteration of the lymph-spaces.

Dr. Paul F. Mundé read a paper on Prolapse of the Ovaries, in the discussion of which Dr. Barker stated his opinion that constipation not only was a powerful agent in causing these displacements, but also in perpetuating the malposition. He thought pessaries of very little use in replacing prolapsed ovaries.

President Thomas then read his Annual Address on "The Gynecology of the Future and its Relations to Surgery."

Dr. Sinclair read a paper giving the results of some measurements of the uterine cavity in child-bed. Dr. Byrne exhibited an instrument for the operation and made some remarks on Kolpo-Cystotomy by the Galvano-Cautery.

Third Day.—The annual business meeting was held in the morning. The report of the Nominating Committee was accepted and election of officers for 1879 then took place with the following result:

President, Dr. J. Marion Sims, of New York. Vice-Presidents, Dr. W. T. Howard, of Baltimore, and Dr. Robert Battey, of Georgia. Council, Drs. Wm. Goodell, of Philadelphia; Edw. W. Jenks, of Chicago; A. D. Sinclair, of Boston, and A. J. C. Skene, of Brooklyn, N. Y. Secretary, Dr. Jas. R. Chadwick, of Boston. Treasurer, Dr. Paul F. Mundé, of New York. Elected Fellows of the Society: Drs. John Scott, of San Francisco; E. L. Duer, of Philadelphia; R. S. Sutton, of Pittsburgh, and J. W. Underhill, of Cincinnati. Time and place of next meeting, First Wednesday in September, 1880, at Cincinnati.

Dr. I. E. Taylor read a paper on the

Early Application of the Forceps in the First Stage of Natural Labor. He thought these instruments should be used on the first appearance of symptoms denoting tedious labor. Dr. Howard thought there were great advantages to be derived from the use of the hot vaginal douche in such cases, and that version was preferable to the forceps when the os was dilated sufficiently to permit.

Dr. Goodell read Clinical Notes on the Hypertrophic Elongation of the Cervix Uteri, in which he—contrary to Emmet—advocated amputation of the cervix under certain circumstances.

Dr. Joseph Taber Johnson read a paper on Mismanaged Labor the Source of much Gynecological Practice. Dr. J. C. Reeve reported a Case of Extra-Uterine Pregnancy, several papers were read by title, after which the Society adjourned to the time and place before mentioned.

It is very apparent that this young society gains in vigor and usefulness with each successive meeting.

Extracts and Abstracts.

Treatment of Obesity.—(*Hospital Gazette*) At this moment, when a considerable desire to get rid of superfluous fat appears to have taken possession of the public mind, a pamphlet published by M. Philbert "On the Treatment of Obesity by the Waters of Brides, Savoy," may be of some interest. The waters of Brides appear to be of a similar character to those of Carlsbad and Marienbad, which have attained some celebrity in the treatment of polysarcia. They are, of course, described, therefore, as being at the same time purgative and tonic. The treatment consists especially in the administration of the waters in a dose of from three to five glasses a day, to which sometimes is added a purgative salt or the waters of Salins Montiers, a thermal station in the neighborhood of Brides, and in the use of the Turkish baths. To these means are added the resources of exercise and special alimentation. Many of these methods can, of course, be employed elsewhere than at the thermal station itself; but, as M. Philbert remarks, at a certain stage of his malady the fat man loses the power of will and falls into a state of apathy and intermittent somnolence, and will not take the trouble to conduct for himself the necessary treatment. It is then that it becomes necessary to remove him from the influences which surround his daily life, and the best plan is to send him to a suitable bathing station. There the patient listens willingly to the advice of his physician; he has no excuse for not following it, and the improvement which results encourages him to continue his treatment at home. M. Philbert relates in his memoir (published by Delahaye, Paris) a certain number of cases which show, in the majority of the patients, a diminution of weight of from ten to fifteen pounds obtained in twenty days. In some the diminution is much more considerable, especially when they have been able to make a more prolonged stay at the watering place; but the important point is that, according to him, the patients leave the place in very good health, and more vigorous than they were on arrival, which he traces to the fact that the cure is not effected by inanition and insufficient feeding, as with the majority of the German waters. The patients, on the contrary, follow their appetites in eating, but live according to a special regimen.

A Case of Sterility(?).—(Dr. Blackwood in Philadelphia *Medical Times*) Mrs. Blank had given up hope, for she had undergone treatment for a real or supposed uterine ailment before becoming my patient, and no improvement was apparent. Her case was somewhat simpler in its nature than other cases related, as was likely that of her medical attendant, a good old man who had secluded himself in a beautiful village in our State, far removed from the revolutionary theories of our city confrères. For the relief of a leucorrhœa he had interdicted sexual intercourse for two weeks succeeding menstruation, declaring that with her such relations were unclean, provocative of womb troubles, and causing discharges (what kind not stated) in the male. Her ideas on this subject were firmly fixed from the reverence entertained for her medical adviser, whose duration in practice was truly extensive, even if his physiological ideas were peculiar. I assured her that all trouble could be avoided, and put her

upon elixir of calisaya internally, and ordered local application of rose water as a vaginal purifier. After prosecuting this heroic method for a couple of months, I induced the parties to put into operation what had so terrified them previously, namely, copulation directly after the close of menstruation, without any more serious result than the complete stoppage of that function for a period of twenty-two months, during which interregnum, after nine of the periods had elapsed, "a regular stunner," as the fond father termed it, made its appearance. The rest of the monthly non-appearances were due to the usual nursing of the little phenomenon. Through the peculiar notions of a country physician, this family had been put to great expense in obtaining the services of a gynecological practitioner from a distance, who, to his credit, after treating her for some months, stated his inability to promise any improvement. He was doubtless ignorant of the suggestions of the family attendant, but he should have pushed his inquiries further, and got the full history before they came to reside in this city.

Extract of Beef by Expression.—(Philadelphia *Medical and Surgical Reporter*) A variety of succus carnis or meat juice is extensively used in St. Petersburg, by invalids and infants, in the place of raw meat. It is said to contain all the constituents of the latter in solution, being prepared by expressing fresh beef by means of hydraulic presses and filtering. It is a clear, red liquid, having an acid reaction, a pleasant taste, a specific gravity varying between 1.031 and 1.037, and mixes clear with a little hydrochloric acid, but is coagulated by a larger proportion of the latter, and also when boiled. It is not rendered turbid by acetic acid and sodium chloride, and was found to contain albumen, gelatin, sugar, creatin, inosinic, lactic and carbonic acids and oxyhæmoglobin. The ashes contained potassium chloride, sodium chloride, and phosphate and sulphate of calcium, magnesium and iron. Whether any of the "beef extracts" in the American market are prepared in this manner we cannot say, but it would seem to be an excellent method.

Epilepsy from Uterine Stenosis.—Dr. J. H. Carstens (Detroit *Lancet*) relates the case of Miss W., aged seventeen, menstruated when fourteen, always regular since and healthy in every way until eight months ago, when, from cold, menstruation stopped suddenly. Some pain and probably slight inflammation of some of the pelvic organs resulted. Two months afterwards the menses reappeared, but preceded by a well-marked epileptic seizure. The menses have been regular since, but an epileptic attack always preceded them. Spasmodic dysmenorrhœa was also present; otherwise her general health was good. Her case being diagnosticated as one of reflex epilepsy, due to some morbid condition of the generative organs, an examination was made, and revealed a stricture of the internal os uteri, a small sound only passing with difficulty. This stricture was relieved by rapid dilatation. She did not return for further treatment for over three months, she then stated that the epileptic attacks and dysmenorrhœa had not reappeared, but that at the last menstrual epoch a slight dizziness and pain were present. Treatment repeated. Bromides would not cure such a case. The lesson is taught to investigate such cases thoroughly.

Propylamine Chloride in Rheumatism.—Dr. W. W. Townsend (*Country Practitioner*) relates several cases of acute rheumatism, and also of the sub-acute form, successfully treated by this agent. He gives the following formula:

℞ Propylamine chloridi - - gr. xxxvi;
Aquæ menth. pip. - - ʒvi;
Sacch. albi. - - - - - ʒii;
M. Sig.—One tablespoonful every two hours.

He has never failed to cut short a case of acute rheumatism in the twenty-five or thirty years he has used it.

New Disinfectant.—(N. Y. *Med. Jour.*) A new disinfecting agent called "Sanitas" is thus prepared: Russian turpentine and water are placed in huge earthenware jars, surrounded by hot water. Air is driven through the mixture in the jars continually for three hundred hours, the result being a decomposition of the turpentine, and the formation of a watery solution of the substance in question. After evaporation, the substance is a light brown powder, of a pleasant taste and odor, and capable in a remarkable degree of preventing or arresting putrefactive changes. It is not poisonous, and does not injure clothing, furniture, etc., with which it is brought in contact.

CRANIOTOMY.—Dr. G. R. Chitwood, Jr., of College Corner, Ohio, gives (*Obstet. Gazette*) the particulars of a case in which he performed the operation with extemporised instruments: "I procured a sharp-pointed pair of shears (for a perforator), a piece of telegraph wire (which I made into a blunt hook), and a blunt-pointed penknife. Everything being in readiness, the woman was placed across the bed, with her hips at the edge. Flexing the limbs, an assistant was placed at the knees. I introduced two first fingers of right hand (I am left-handed), passing up to presenting part of child; then gliding shears (closed) along fingers to head of child, commenced boring motion, penetrating cranium. Then with knife, I enlarged opening to some 2½ to 3 inches, after which I emptied skull of greater portion of brain and collapsing bones, and with blunt hook passed through edges of scalp, terminated labor. Good recovery."

DANGER IN THE USE OF PILOCARPINE IN PUERPERAL ECLAMPSIA.—(*Arch. f. Gynæk.*, xiv, 3.) M. Saenger reports three cases of eclampsia in which injections of pilocarp. muriat. (⅓ gr.) were used. Although the attacks of convulsions seemed checked, there followed, immediately after the injection, the most severe symptoms of suffocation, as the result of the patients inability to expectorate the enormous quantity of mucus and saliva; two cases out of three died. While S. thinks pilocarpine to be a very valuable agent in the *beginning, and in slight cases of eclampsia*, he warns us from its use in the *latter stages of the disease*, when *coma has suppressed the action of the reflex centres.* During labor, when moaning, restlessness, etc., show the reflex centres to be still active, pilocarpine seems the more useful and recommendable, as its beneficial influence on labor itself has been demonstrated beyond doubt.—*Am. Jour. of Obstetrics.*

VACCINAL SYPHILIS.—(Buffalo *Med. and Surg. Journal*, from *Gaz. des Hôpitaux*) Virus was taken from the seven months child of a mother subsequently known to be syphilitic, the infant at the time presenting all the appearances of perfect health.

With the virus thus obtained, twenty-five girls were vaccinated, twelve of whom, in six weeks, had ulcerations at the point of inoculation, succeeded by exanthema, oral and pharyngeal ulcers, and condylomata, syphilitic ozœna, etc. Three others had suspicious lesions in the neighborhood of the vaccine sore, which were not followed by constitutional symptoms.

[MORAL:—Always use the bovine virus. —ED. RECORD.]

GASTROSTOMY, or the formation of an artificial opening into the stomach for the purpose of securing alimentation in complete closure of the œsophagus, has been successfully performed by Dr. Ferd. Herff, of San Antonio, Texas. The patient was a little girl who was dying from inanition consequent on stricture of the œsophagus, following the ingestion of a solution of concentrated lye. Feeding through the gastric fistula was performed with facility three weeks after the operation.—*N. O. Picayune.*

CONGENITAL ABSENCE OF THE SPLEEN.—(*Ibid.*) Drs. Koch and Wachsmuth, of Altona, report (Berlin *Klin. Wochenschrift*, Feb. 1879) the case of a man with typhoid fever, forty-nine years of age, in whom no dulness could be detected in the region usually occupied by the spleen. At the autopsy no trace of this organ could be found. The splenic artery was also absent, while the other abdominal organs were of normal conformation.

POST-MORTEM DELIVERY.— (Louisville *Med. News*) If extracted within six minutes of the sudden death of the mother, the fœtus may be born alive. At ten minutes it may be alive, but asphyxiated. Later than this it is highly asphyxiated. In many cases it is dead after the first minute. The child's chances are best when the parent has died from some quickly-acting poison.

SALICYLIC ACID IN THE TREATMENT OF SCABIES.—Dr. F. W. Rankin (*Monthly Review of Medicine and Pharmacy*) reports thirteen cases of scabies, proved to be such by finding the itch insect present, cured by salicylic acid dissolved in glycerine, applied night and morning. No other treatment was used except an occasional bath.

NIGHT-SWEATING OF PHTHISIS.—(London *Practitioner*) Dr. Wm. Merrell strongly recommends the use of Dover's powder to relieve this often troublesome symptom. He gives a full dose at bed-time. He considers it a far more reliable remedy for this affection than oxide of zinc, but admits that it may be inferior to atropia.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - OCT., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

MICROCOCCI AND BACTERIA.

In our August number we pointedly referred to the fallacy of the argument against the germ theory of disease based upon the alleged identity of the micro-organisms found in the organs and fluids of the body in various diseases as well as in health, and the inference that for this reason they, none of them, could stand in a causative relation to any affection. If the identity of all these minute organisms one with another be assumed, then the induction necessarily follows that, as like causes produce like effects, and *vice-versa*, these organisms must always produce similar effects; similar effects not being observed to coincide with their presence, therefore they cannot be held as causes of disease in any instance.

The fallacy pointed out in the paper referred to was the utter improbability of microscopists being able to determine, with that degree of accuracy demanded by modern science, the identity or non-identity of such minute objects when obtained from different sources. As it is found to be impossible to differentiate between the poisonous and wholesome varieties of the common fungi of our pastures, it was presumed that in all probability it would be at least as difficult to make the distinction between different specimens when the objects submitted to investigation are millions of times ess in bulk.

The opponents of the germ theory have, thus far, made no attempt to controvert this proposition which is almost axiomatic in clearness. They still content themselves with the assumption of a clear-sightedness in this regard that is equal to the pretensions of the professional *clairvoyante*.

Notwithstanding the marvelous success of Lister's antiseptic method of treating wounds—the grandest triumph of surgical art since the discovery of anæsthesia—there are not wanting powerful advocates of the ancient regime who insist that as micro-organisms may be detected even under the best applied dressing of its author himself, that bacteria have nothing to do with suppuration and putrefaction. Although Mr. Lister could not deny the presence of such growths, even under his best applied "gauze and Mackintosh," he could still point with pride to the absence of suppuration, the disappearance of surgical fever, and the abolition of septicæmia from his hospital wards and from those of his faithful followers throughout the world. The presence of these organisms, however, gave his opponents an excuse for keeping up their opposition and continued to vex the souls of the faithful. It is one thing to believe one is right even in the face of opposing evidence—it is quite another affair, sometimes, to be able to give good reasons for the faith that is in us. This may not be altogether undesirable. The partisan often makes the better fight so long as he does not feel entirely certain of his position. Besides, a state of partial uncertainty stimulates inquiry and impels to renewed, more exact and more complete investigation.

The opponents of Listerism not taking the trouble to go further and explain in some other way the complete absence of the surgical accidents referred to, contenting themselves with praising the greater attention to cleanliness and (some) the remarkable results of good drainage of wounds, one of Mr. Lister's pupils has undertaken the task and worked out an explanation

which is brilliant by its completeness and simplicity. As we indicated in our August number, and as the event has proved, the explanation was found in the differentiation of micro-organisms into two (at least) well-marked groups. We refer, of course, to those found in discharges from wounds. It is very possible—nay, probable—that these are not the only varieties that infest the living body.

Mr. Watson Cheyne read a paper on the Occurrence of Organisms Under Antiseptic Dressings, before the Pathological Society of London, on May 6th of the present year, but not published until September, when it appeared in the *Lancet*. It appears, from experiments which are described with detail, and which satisfy all the requirements of scientific accuracy, that micrococci and bacteria are absolutely distinct organisms; that the former are not the latter in a different stage of development, as claimed by some; that micrococci may be present in wounds without occasioning any disturbance whatsoever; that the presence of bacteria is made manifest to the unaided senses by odorous emanations, change in the discharges, appearance of signs of irritation, swelling, etc., in the edges of the wound, the formation of pus, and by general febrile movement.

In answer to the question: How do these organisms gain access to the wounded surface? he stated that spontaneous generation was so thoroughly disproved as to require no discussion; that healthy blood destroys them, hence they could not approach the surface through the medium of the circulation; and, finally, that they found some loophole through the antiseptic dressing itself through which they made their way.

The presence of micrococci and the absence of bacteria were fully accounted for by other experiments that tended to establish the correctness of the supposed mode of entrance.

He found that bacteria will not develop in an infusion that contains one part of carbolic acid to five hundred, while micrococci will, and can be made to develope in much stronger solutions (1 to 300), by successive cultivations. They have the power of accommodating themselves to the stronger solutions, when the latter are made stronger gradually, while bacteria have no such ability to conform themselves to such conditions. When the proper conditions are present, bacteria seem to develope to the exclusion of micrococci.

Now, the antiseptic dressing, when well applied, furnishes precisely the proper conditions for the developement of that form most tenacious of life and best adapted to serious changes in the environment—the micrococci. Mr. Cheyne said:

"When the discharge is profuse the carbolic acid in the dressing is not in sufficient quantity to prevent the developement of organisms, and as the carbolic acid is very volatile, much will have escaped when the dressing is left on long. Moreover, carbolic acid added to albuminous fluids (*e. g.*, milk or serum) causes a precipitate, and requires much more of the acid to prevent the growth of organisms in these fluids than it does in Pasteur's fluid."

In this way the requisite degree of dilution is furnished, within a few hours, for the free developement of micrococci, while the dressing is all-sufficient to exclude bacteria.

He also stated that micrococci are distinct from bacteria in their mode of growth, in their relation to reagents and carbolic acid, in their effects on fluids and on the living body, and by the fact that they have never been observed to pass one into the other.

We have no doubt but that Mr. Cheyne's experiments will have the effect of increasing the number of the adherents of Listerism and result in making further improvements in antiseptic dressings which have never been claimed to be perfect. We hope to hear again from this brilliant experimenter.

QUACKERY UNDER THE CODE OF ETHICS.

False pretense constitutes the essence of quackery. The assumption of knowledge or skill which he does not possess, of power over disease in which he is deficient, and of ability to prognosticate the sequence of events which is out of the power of humanity, have been the characteristics of the quack in all ages. Another distinguishing sign is his exaggeration of the trivial symptom until it puts on the appearance of a formidable disease, and the working upon the hopes and fears of the unfortunate to increase the amount extorted from the victim of disease or of imagination.

Everyone knows the practitioner who has more (alleged) cases of typhoid fever and diphtheria to treat in one year in his single practice than are treated by the combined profession of honest men in his acquaintance in a decade. Yet is he not a prominent member of the local society and a strict defender of the Code!

The doctor who has "made a special study" of the microscope, and affects to predict the number of years that a patient will live by means of an examination of a drop of the latter's blood, who pretends to be the arbiter of fortunes, advising marriage or celibacy, etc., guided by this instrument; this stupendous fraud is also known. Does he not assume to teach the uncultured backwoodsman all the mysteries of medical science in one or two short sessions? Of course he does, and his name is to be found printed alongside of eminent "professors" in our current medical literature!

Speaking of medical schools reminds us of one of the very worst forms of quackery that exists under the Code. Do not these private corporations pretend to teach a thorough knowledge of medical science within the short space of two years or less? Do we not know of men who have obtained diplomas from these respectable(?) institutions within less than *one* year? Do we not know of men who never before saw the inner walls of a medical college being graduated after a few weeks' attendance? We do know of such instances.

Yet these teachers who are so ready to graduate ignorant men to slay the people without let or hindrance, are mostly honored members of local societies and of the American Medical Association. They have subscribed to the Code over and over again, only each year to break the faith pledged with so much earnestness. *These* are the sticklers for professional ethics, etiquette, honor and glory!

If there is such a thing as real, genuine, unadulterated quackery under the sun, then this is the thing in its most atrocious form.

SURGEON-GENERAL HAMMOND'S CASE.

We take great pleasure in presenting to our readers the *first* paper written by Dr. Hammond since his restoration to the position from which he was so wrongfully removed fifteen years ago. Like everything he writes, this will be found very practical, and will no doubt be the means of relieving a large number of sufferers from a most distressing affection.

In this connection we shall reprint, from the Boston *Medical and Surgical Journal*, of September 25th, the Secretary of War's opinion in Dr. Hammond's case. We do this because of a very prevalent idea (in this section, at least) that the case was not decided upon its merits. We presume that Secretary McCrary's opinion will remove such mistaken notions from the mind of every unprejudiced reader:

"In March last, an act of Congress was passed for the relief of Dr. W. A. Hammond, late Surgeon-General of the Army, and upon recommendation of the Secretary of War, the findings and sentence of the general court-martial, promulgated in 1864, have been annulled and set aside by the President, and Dr. Hammond is placed on

the retired list of the army as Surgeon-General without back, present, or future pay or allowance of any kind whatsoever. The following is the opinion of the Secretary of War referred to in the foregoing order. After reciting the law, above referred to, and giving a synopsis of the charges upon which Surgeon-General Hammond was tried, the Secretary continues in his report to the President:

'I have the honor to submit my conclusions upon the case, as follows:

FIRST. In construing the act of Congress of April 16, 1862, as not depriving the Surgeon-General of the power to purchase medical supplies Dr. Hammond was guilty of no crime. The construction he placed upon that act, whether erroneous or not, was entirely consonant with an honest purpose, and such a purpose must be presumed until the contrary appears. The act authorized medical purveyors to purchase all medical supplies under the direction of the Surgeon-General. The Surgeon-General held that the power to make purchases in person, which had been previously exercised by him and by his predecessor, was not taken away by this act; that the purveyors were placed under his orders for the purpose of aiding him in the performance of that duty, rendered very onerous at that time by a great war. He held that what he could command another to do he could do himself; that what he could do indirectly he could do directly. I am clearly of the opinion that the construction of the act was not so palpably wrong as to render all acts done in performance of it presumably criminal. It was the duty of the Surgeon-General to construe and execute the act.

SECOND. The acts of the Surgeon-General in making purchases of medical supplies in person and not through a medical purveyor, and in directing purveyors to purchase particular articles at specified prices from certain persons, were not acts in themselves criminal. The mere fact that these things were done did not raise a presumption of guilt to be overthrown by the accused. The burden was upon the prosecution to establish, by competent evidence and beyond a reasonable doubt, that the acts complained of were done with corrupt intent.

THIRD. Upon the question of intent that the board recently convened finds that there is no evidence that the Surgeon-General was interested in or profited by the contracts which were charged as fraudulent. It is further found by the board that there is no direct evidence to establish corruption, and that the circumstantial evidence upon the question of intent is conflicting and some of it incomplete. But the board sustains the sentence of the court-martial largely upon the ground that the acts complained of were unlawful in themselves and that therefore a fraudulent intent must be presumed until the contrary is established by the accused, the burden being on him. This I regard as a grave error, for the reasons already stated.

FOURTH. In my opinion the evidence does not establish the charge of corruption, and it is only by assuming that the acts complained of were in themselves so palpably unlawful as to raise the presumption of criminal intent that any sufficient foundation for the sentence of the court-martial can be found, and that assumption not being warranted by the terms of the statute the finding cannot be upheld.

FIFTH. The charge of falsehood is not sustained. Dr. Hammond stated in a private letter to Dr. Cooper that General Halleck had requested the detail of Surgeon Murray for duty at Philadelphia. It was charged that General Halleck had not made this identical request, but it was admitted that he had requested the transfer of Dr. Murray from the South to Eastern hospital duty. It was in proof that Dr. Murray had urgently requested General Halleck to secure his transfer to Philadelphia, and it is not improbable that this was mentioned by General Halleck to Dr. Hammond, as the latter claims. General Halleck testified that he had no recollection of having mentioned Philadelphia as the place to which he desired to have Dr. Murray sent. There is room for doubt as to what the Surgeon-General understood the request of General Halleck to be. There is still greater room for the conclusion that an honest misunderstanding arose between the two, and I cannot but regard it as a very harsh and unjust judgment which pronounced the Surgeon-General guilty upon this charge.

I recommend that the findings and sentence in the case of Surgeon-General William A. Hammond, referred to, be annulled and set aside, and that the name of said William A. Hammond be placed on the retired list of the army as Surgeon-General, without back, present or future pay or allowances of any kind whatsoever.

GEORGE W. MCCRARY,
Secretary of War."

A CHALLANGE.

The colleges are, one by one, accepting the situation and advancing their requirements for matriculation and graduation. The examples set by the Chicago, Harvard, Pennsylvania, Syracuse, Yale, Johns Hopkins and California universities and the St. Louis College of Physicians and Surgeons will probably be imitated more or less closely by all the great medical schools in the country before the close of another year. Some of the greater sinners, like Rush and the Jefferson, not to name any nearer home, will probably continue to defy public opinion for the sake of the "dirty shillings."

We trust the profession will remember them and support the better class—high-grade—institutions exclusively. A few years of inanition will bring them all to terms.

In the meantime we take much pleasure in referring to the efforts of a few independent journals—the *Hospital Gazette*, Michigan *Medical News*, *New Preparations* and the CLINICAL RECORD—to oblige the schools to conform themselves to professional opinion in these respects.

A long step has been made in advance, but more still are necessary before the American profession can be placed upon a proper foundation. We enumerate a few of the more pressing requirements, and give notice that we shall labor for further advances in the way we now indicate:

1. A further extension of the time of study to four years.
2. Abolition of the graduating fee.
3. Higher requirements for matriculation. They must be made equal to those demanded in Great Britain.
4. The separation of the power of granting the license to practice from the teachers of medical schools; or, what amounts to the same thing, the withholding of the right to practice until evidence in addition to the possession of a diploma is presented. This must be accomplished through Congressional legislation, and the National Board of Healty seems the proper instrument for putting the necessary machinery in motion.

We shall return to this interesting subject again. It cannot be agitated too much. Every physician in practice and every medical student has a personal interest in the matter.

We invite correspondence on the subjects above suggested, and hope there will be a general expression of opinion. If the mercenary schools have a champion who dares to enter the lists, let him defend the low-grade system. He shall have the use of our columns, so long as he deals courteously, and he shall be fairly treated.

NICHOLS' ELIXIR of Peruvian Bark with Protoxide of Iron, now manufactured by Messrs. Billings, Clapp & Co., of Boston, has a well-earned reputation among experienced physicians. It is especially adapted to cases requiring a bitter tonic combined with iron, who are in need of a pleasant, palatable and, at the same time, effective preparation.

PHOSPHOROLE, their new combination of phosphorus with cod-liver oil, appears to be all that has been claimed for it. We trust a thorough trial of its virtues in phthisical cases will be made by some of our correspondents, and that they will furnish us complete reports for publication.

"THE TASTELESS ANTIPERIODIC," as recommended by Prof. Ashhurst, and prepared by Messrs. Powers & Weightman, is an excellent substitute for the salts of quinia. We have used it almost exclusively in children's diseases in which quinia is usually given, and always with the best results. We refer to the advertisement of this great manufacturing firm for further particulars.

DR. WM. CALDWELL, representing the Trommer Extract of Malt Company, of

Fremont, Ohio, recently called upon the editor of this journal and exhibited some beautiful specimens of their preparations. These samples show manifest improvements over those manufactured five years ago, both in color and flavor. We have no doubt but that their therapeutic virtues continue unimpaired.

Book Notices and Reviews.

THE ADVANTAGES AND ACCIDENTS OF ARTIFICIAL ANÆSTHESIA: A Manual of Anæsthetic Agents, and their Employment in the Treatment of Disease. By Laurence Turnbull, M. D., Ph. G.; Aural Surgeon to Jefferson Medical College Hospital, etc., etc., etc. Second Edition, Revised and Enlarged, with twenty-seven illustrations. 12mo. pp. 322 Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. 1879.

Few medical works at all, and still fewer of those works which deal with only a special field in medical science ever reach a second edition. When the publication before us appears in the garb of a second issue we may therefore take it as conclusive proof that it has filled a gap in our medical literature.

Suggested, as the author states in his preface by a discussion in a medical society, the work necessarily deals with the most contradictory and controversial views as to the value and disadvantages of anæsthetics. While all the various views are impartially given, the author has avoided falling into the error of prolixity, by following a careful and conclusive line of argument based on a solid ground of statistics, and which will do more than any discussion carried on, on purely experimental grounds, to dispose of the absurd outcry raised by the anti- or pro-chloroform *fanatics*.

In eleven chapters the nature, chemical and physical, of the different anæsthetics is given, the mode of administration is pointed out and the main indications suggested. The author has fortunately been able to base these hints on an extensive practical experience, but with great modesty has subordinated his opinion to the concurring one of several eminent colleagues, such as Atlee and Maisch. In an able and exhaustive manner the chemical features of the alcohol-chloroform and chloroform-ether mixtures are dealt with and the claim urged with considerable earnestness that every large hospital in this country, like the larger ones of London should be provided with a chloroformist. The mortality from the chloroform-ether mixture is given as 1 to 5,588. That from ether alone is not given, but the author (page 48) states that of 34,980 suppositional administrations in Philadelphia alone, not a single "primary" and but one secondary death has taken place. He, consequently, by far prefers ether to any other general anæsthetic, and while he would not hesitate to use chloroform in those idiosyncrasies with which ether fails, yet lays it down that it should never be employed unless a thorough trial of the less dangerous medium has been made beforehand.

The chapter upon nitrite of amyl is less satisfactory. However clear the author may have been in his own mind as to the indications on which this drug is to be administered in epilepsy, his language conveys the idea that it may be given in a routine way. This is certainly far from being the case, it being pretty well established that only the *status epilepticus*, and those fits which are preceded by a distinct aura can be arrested or modified by this remedy. In this respect its virtues are great, the writer correctly insists, however, that it is *not* curative. The weight of opinion of alienists is against that of the only one quoted by Dr. Turnbull, as to the effect of amyl nitrite on melancholia, most of them, and our experience accords with this, have had excellent if not astonishing results in certain cases.

While the blood of subjects under the influence of chloroform may or may not show certain peculiarities, yet we think that

it is difficult if not impossible to reproduce such subtle modifications in wood cuts; those on page 175 are, therefore, in our opinion, but ill calculated to serve either as proofs *for* or *against* the existence of such changes, although we agree with the author in so far that we do not believe that the influence of chloroform is visible *optically* in the blood disc. Dr. Turnbull seems to have recognized the difficulty of illustrating his position by the graphic art, for he is careful enough to add in predicating the normal appearance of the corpuscles in an accompanying figure (14) "as far as it is possible to present them in a wood-cut."

An interesting chapter on the medico-legal aspect of the administration of anæsthetics closes the body of the work and a bibliographical list of papers on anæsthetics concludes it.

The work will prove highly useful to the surgeon, who has not the time to seek in scattered treatises what is admirably collated and condensed in Dr. Turnbull's work, and to the Dentists, which class it has also been written for, it cannot but prove invaluable. We greet its appearance as an important contribution to original American medical literature. E. C. SPITZKA.

CLINICAL MEDICINE: A Systematic Treatise on the Diagnosis and Treatment of Diseases. Designed for the Use of Students and Practitioners of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in the Bellevue Hospital Medical College, Etc., Etc., Etc. 8vo. pp, 795. Philadelphia: Henry C. Lea. 1879. St. Louis: Hugh R. Hildreth Printing Co. Cloth, $4 50.

There are numerous works devoted to clinical medicine, but they are mostly confined to special classes of diseases—the specialties—or are so extensive as to be either beyond the reach of the rank and file of the profession on account of their cost, or too prolix and diffuse for the practical purposes of every-day use. The eminent teacher who has written the volume under consideration has recognized the needs of the American profession and the result is all that we could wish. The style in which it is written is peculiarly the author's; it is clear and forcible and marked by those characteristics which have rendered him one of the best writers and teachers this country has ever produced.

About fifty pages are taken up with a discussion of some general considerations: methods of examining patients, general symptomatology, sources of error in diagnosis, simulation of diseases, hygienic and medical treatment, sources of error in therapeutics, correction of some prevalent errors regarding the expectant system of treating cases of disease, the professional conduct of physicians, etc.

From that portion of the Introduction relating to the Professional Conduct of Physicians, we make a few extracts, premising that it has no reference to the redoubtable Code.

"Patients are entitled to all the encouragement which can conscientiously be given. In this point of view, there is a marked contrast in the conduct of different physicians. Some who are unfortunately disposed to look upon the darkest side, anticipating the most unfavorable events which can happen, communicate their apprehensions and gloomy forebodings either by words or manner. The discouraging influence on the minds of patients is often baneful. It is a duty to give the encouraging points in any case, and it is a duty not to discourage by presenting prospective dangers which are problematical. * * * * * Undertaking to predict that a patient will live a certain number of days, weeks, months, or years, is injudicious, to say the least. It is a hazardous undertaking as regards the sagacity of the physician, and it may occasion mischief. Giving the percentage of the chances of death or recovery, is also objectionable. It does not confer credit on the profession for healthy persons to be able to say that in years past they were pronounced incurable and the time of death specified."

The remainder of the volume is divided into six sections, five of which are devoted

respectively to the diagnosis and treatment of diseases of the respiratory, circulatory, digestive, urinary and nervous systems, while in the sixth, fevers and other general diseases are considered.

The author's profound study of diseases of the heart and lungs, of which he has given full proof in several monographs devoted exclusively to them, renders the first two sections of the very highest value. In these pages he presents the results of an exceptionally large experience in a way to command the attention and respect of every reader. By themselves, these portions of the work would secure for it a wide circulation.

That portion devoted to nervous affections occupies a large space, the largest given to any one class. The rapid progress made in this department of medicine within the last score of years warrants the author in giving it so much space and study. It is probable that the prominence given to electricity as a curative agent is somewhat over-drawn; future experience must determine the exact limits of its usefulness. *Athetosis* is recognized as worthy of a place in nosology—an admission which will scarcely please some of our local (alleged) neuropathologists.

We have not space for so full a consideration of this remarkable work as we would desire. We must call particular attention to one most important feature, however, before we close this imperfect notice: The rigid adherence to *facts*, as proven, to the exclusion of plausible hypotheses. This is particularly noticeable in every paragraph devoted to therapeutics. We subjoin a few referring to one disease, to illustrate not only our meaning in this regard, but also the author's very clear and emphatic style. After referring to the treatment of general dropsy and uræmia, he writes as follows of the treatment of the different forms of Bright's disease:

"Aside from these two sources of indications, the objects of treatment relate to palliation and tolerance.

Palliative measures are indicated by vomiting, diarrhœa, deficient appetite, impaired digestion, anæmia, caphalalgia, vigilance, dyspnœa, etc. They are to be governed by the varying circumstances in different cases, and at different periods in the same case. As regards the symptomatic indications falling under this head, the general statement just made will suffice.

In respect of tolerance, it is to be stated that in a large proportion of the cases of parenchymatous nephritis, and in all the cases of interstitial nephritis and of waxy disease, curative treatment is out of the question, recovery is impossible. All that the practitioner can hope to accomplish is to prolong life, in other words, to enable patients to tolerate the diseases as long as possible and as well as possible.

An important negative injunction is to avoid measures which conflict with tolerance when they are not needed. Hydrogogue purgatives and diuretics are not to be employed when not indicated either by dropsy or uræmia, and they are not to be pushed beyond the requirements for their use. They are sometimes given too much as a matter of course. It is to be borne in mind here, as in the treatment of other diseases, that tolerance may be promoted as much by avoiding measures which diminish it, as by those which contribute to its increase. A small or moderate degree and extent of general dropsy does not claim potential measures, and so long as a sufficient quantity of urea is eliminated by the kidneys, there are no indications for active treatment to prevent its undue accumulation in the blood.

Tolerance is directly promoted by proper alimentation, the judicious regulation of habits of life as regards exercise, etc., and fulfilling indications which relate to complications, associated affections, or disordered functions. The diet should be nutritious, and adapted to the digestive powers. If there be danger of uræmia, the farinaceous and fatty articles should predominate over those which are rich in nitrogenized principles. Alcoholics are to be used with circumspection, and, as a rule, very moderately. The temperature and functions of the skin are to be maintained by warm clothing. The warm bath is useful. If available, the Turkish bath may often be employed with advantage once or twice weekly. A certain amount of muscular exercise is useful by increasing nutrition, and exciting the functions of the skin.

The bichloride of mercury has been much used in this city in the different forms of chronic Bright's disease. Whenever useful, it is probably either as a tonic remedy, which it is proven to be by it increasing the red globules of the blood, or as a remedy against syphilis. Bartels advocates the iodide of potassium in cases of interstitial nephritis and waxy disease, given to the extent of twenty or thirty grains daily.

In the waxy form of disease, an essential part of the treatment relates to the morbid conditions which are causative, namely, phthisis, syphilis, suppurative inflammation, and diseases of the bones.

In cases of interstitial nephritis occurring in a changeable, humid climate, patients may be advised to try change of climate, if it can be done without infringing upon the requirements of comfort, and if the disease be not far advanced. In mild, equable, and dry climates this form of disease prevails less than in climates which lack these qualities; it is, therefore, a rational inference that the disease is less likely to progress in the former than in the latter. When a long sea-voyage can be taken with convenience and satisfaction, it will be likely to prove useful, as in many other chronic affections.

Although incurable, the renal affections which are embraced under the name chronic Bright's disease, may be tolerated many years, indeed, indefinitely. Hence, judicious treatment may be of incalculable value, albeit recovery is not to be hoped for."

MATERIA MEDICA AND THERAPEUTICS; Vegetable Kingdom. By Charles D. F. Phillips, M. D., F. R. C. S. E. Lecturer on Materia Medica. Adapted to the U. S. Pharmacopœia. By Henry G. Piffard, A. M., M. D. Professor of Dermatology, University of the City of New York, Surgeon to Charity Hospital, Etc. 8vo. pp. 323. New York: William Wood & Company, 27 Great Jones st. 1879. Cloth, $1 00. Sold only by subscription.

Dr. Piffard has performed a work that is worthy of great praise in condensing Dr. Phillips' book and adapting it to the uses of the American profession. The leaving out of useless matter that only hinders the student of therapeutics in his search for facts, the addition of certain indigenous drugs, the placing of doses expressed in terms of the metric system alongside of those in ordinary symbols, comprise but a portion of the labor performed by the American editor. In addition to these additions and changes, he has given the results of his own practical experience, with the result of very greatly increasing the value of the book. Dr. Piffard is well known as a careful, diligent and intelligent experimenter, and his opinions—always expressed with becoming modesty—are certainly entitled to respectful consideration and should incite to renewed investigation.

We have space for but a few extracts, which we cite more for the purpose of giving samples of the character and style of the contents of the book than with the idea of criticizing the statements made.

Aconite; page 3: "A quick pulse with a certain strength of heart action as measured by the *resisting* quality of the pulse, and a certain attendant dry heat of the skin, seem the leading external characteristics of the typical condition which serves as our therapeutic indication. As regards the action of aconite in reducing temperature, we can but conjecturally suppose, but with much probability, that it effects this, firstly, by lowering the action of the heart, and secondly, in a minor degree, by restoring skin-transpiration."

Pulsatilla; by the American editor, page 12: "In epididymitis we have had the happiest effects from pulsatilla given in very small doses, a few drops of the tincture in a glass of water, and a teaspoonful given every two or three hours, according to circumstances. The frequency of the dose should be diminished as soon as the pain begins to subside. The drug appears to influence the afflux of blood to the part, and not unfrequently the pain will be almost gone in twenty-four hours, after which the tumefaction gradually subsides. If the inflammation is very acute, with rise of temperature, it is better to give a few doses of aconite before or in alternation with the pulsatilla."

Belladonna; after fully subscribing to the doctrine that this drug and its alkaloid are really antagonistic in action to opium, Calabar bean and prussic acid, Dr. Phillips thus expresses his general estimate of its value, page 39:

"I cannot conclude this brief notice of the singular antagonistic virtues of atropia without remarking that this modern addition to the other numerous excellencies of belladonna which are available in medicine, raises this plant to an almost unexampled importance among remedies. With the single exception of opium, there is probably no vegetable medicine so important in existence; and already there seems a probability that many purposes to which opium has been applied will hereafter be found more efficiently discharged by belladonna."

Jaborandi; page 141, Dr. Piffard writes of its action, after quoting Ringer to the effect that, used in this manner, it will control profuse perspiration: "In the spring of 1878 a case of mild mercurial salivation occurred in one of the writer's wards at the Charity Hospital; a few weeks later a case of severe salivation occurred In connection with his dispensary service. In the first case pilocarpia, and in the other jaborandi, in small doses, was employed. In both, immediate improvement and rapid recovery ensued."

The foregoing extracts are sufficient for the purposes indicated, and we hope will induce many of our readers to give the book careful examination and study. We consider it one of the most valuable of Wood's Library of Standard Medical Authors, of which it is the eighth volume.

SEXUAL NEUROSES. By J. T. Kent, A. M., M.D, 12mo. pp. 144. St. Louis: Maynard & Tedford, Printers and Binders. 1879. From the Author. Cloth, $1 50.

We have a peculiar tenderness for St. Louis authors, especially when they present us with the first fruits of genius. We endeavor to find all their good points and pass over their failings as lightly as our duty to our readers will permit.

We have carefully examined this book and find nothing new in it except a number of clinical cases reported in a "rich, rare and racy" style that almost tempts us to submit it to the tender mercies of the Western Society for the Prevention of Vice. One other point has appealed to our sensibilities: the author's singular ideas regarding the use of the Queen's English. Singular, we must say, in view of the "A. M." displayed upon the title-page. Herewith we present some examples for the careful study of future grammarians:

Page 36. "These conditions all exist: there is no remedy to abort or expunge them; and the numerous diseases, growing out of this great depravity and mismanagement of the sexual, must all be duly considered, by the medical man, as predisposing and exciting causes of neurine maladies."

We are willing to admit that the author presents some new views in this paragraph. "Neurine maladies" are caused by "numerous diseases." We have heard of "neurine batteries of the brain," also of "neurine" as a constituent of nervous structure, but "neurine maladies" are certainly new additions to our nosology. "The sexual" possibly means sexual functions, but whether organs, functions, passions or excesses are intended by the phrase, we are left in utter ignorance.

Again, page 44. "She will expunge a female from her circle of society for that for which she will sustain the male."

We have known of instances of women being expelled from decent circles for offences against chastity, but the "wiping-out process" is certainly new to us.

Page 61. "It (neurasthænia) undoubtedly forms a stage beyond which is *structural disease of sexual excess*, or the cause is perpetuated. I cannot admit that true impotence and spermatorrhœa are concomitants of neurasthænia, as they are phenomena of structural change; but *a threatened condition may exist.*" (Italics

ours). This is delightfully obscure, to say the least.

The book is well presented, and will probably have a large sale for certain very obvious reasons already hinted at.

FIRST STEP IN CHEMICAL PRINCIPLES, an Introduction to Modern Chemistry, Intended Especially for Beginners. By Henry Leffmann, M. D., Lecturer on Toxicology in the Summer School of Jefferson Medical College, Etc., Etc., Etc. 16mo. pp. 52. Philadelphia: Edward Stern & Co. 1879. Cloth, 50 cents.

This is a very good little work for beginners in chemistry. We have tested its value in the instruction of students and believe it an excellent preparation for the study of the more extensive treatises. We are at a loss to account for the author's naming his book "First *Step*," while he takes his student a considerable distance along the road to a knowledge of the science.

VEGETARIANISM THE RADICAL CURE FOR INTEMPERANCE. By Harriet P. Fowler. 12mo. pp. 79. New York: M. L. Holbrook & Co. 1879.

The writer is an enthusiastic vegetarian and prohibitionist, hence her statements are often (almost always) colored by prejudice, her facts not trustworthy and her reasoning full of fallacies. The thesis: vegetarianism is a cure for intemperance, is absolutely disproved by the fact that many thousands of English, Irish and Scottish peasantry are great consumers of alcohol, while they do not taste meat twice a year.

BOOKS & PAMPHLETS RECEIVED.

A TREATISE ON HYGIENE AND PUBLIC HEALTH. Edited by Albert H. Buck, M. D., American Editor of Ziemssen's Cyclopædia of the Practice of Medicine; Instructor in Otology in the College of Physicians and Surgeons, New York; Aural Surgeon to the N. Y. Eye and Ear Infirmery. 8vo. Vol. I, pp. 892—Vol. II, pp. 657. New York: William Wood & Co. 1879. St. Louis: C. C. Pease, General Agent. Cloth, $5; sheep, $6.

THE NATIONAL DISPENSATORY. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines. Including those Recognized in the Pharmacopœias of the United States, Great Britain, and Germany, with Numerous References to the French Codex. By Alfred Stillé, M. M, LL. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, and John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Second Edition, thoroughly revised, with numerous additions. 8vo. pp. 1680, with 239 illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $6 75; leather, $7 50.

A CLINICAL TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By M. Rosenthal, Professor of Diseases of the Nervous System at Vienna. With a Preface by Professor Charcot. Translated from the Author's revised and enlarged edition by L. Putzel, M. D., Visiting Physician for Nervous Diseases, Randall's Island Hospital, Etc., Etc., Etc. Vol. II. 8vo. pp. 284. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Cloth, $1 00. Sold only by subscription.

AMERICAN HEALTH PRIMERS:—

III. THE SUMMER AND ITS DISEASES. By James C. Wilson, M. D., Physician to the Philadelphia Hospital and to the Hospital of the Jefferson Medical College, etc., etc.

IV. EYESIGHT, AND HOW TO CARE FOR IT. By George C. Harlan, M. D., Surgeon to the Wills' Eye Hospital, etc. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth, each 50 cents.

LECTURE NOTES ON CHEMICAL PHYSIOLOGY AND PATHOLOGY. By Victor C. Vaughan, M. D., Ph. D., Lecturer on Medical Chemistry in the University of Michigan; Author of several works on Anatomy and Chemistry. Second Edition, Revised and Enlarged. 8vo. pp. 315. Ann Arbor: Ann Arbor Printing and Publishing Co. 1879. Cloth, $2 00.

TRANSACTIONS of the State Medical Society of Kansas at its Thirteenth Annual Session, held in Atchison, Kansas, May 13, 14 and 15, 1879. Lawrence, Kas. 1879.

THE STUDENT'S GUIDE TO THE DISEASES OF WOMEN. By Alfred Lewis Galabin, M. A., M. D., F. R. C. P., Assistant Obstetric Physician and Joint Lecturer on Obstetric Medicine to Guy's Hospital, Etc., Etc. 12mo. pp. 370, with sixty-three illustrations. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth, $2 00.

PHYSIOLOGY AND HISTOLOGY OF THE CEREBRAL CONVOLUTIONS, Also, Poisons of the Intellect. By Chas. Richet, A. M., M. D., Ph. D. (Formerly Interne of the Hospital of Paris.) Translated by Edward P. Fowler, M. D. 8vo. pp. 170. New York: Wm. Wood & Co. 1879. St. Louis: C. C. Pease, General Agent. Cloth, $1 50.

A GUIDE TO SURGICAL DIAGNOSIS. By Christopher Heath, F. R. C. S., Holme Professor of Clinical Surgery in University College, London, and Surgeon to University College Hospital, Etc., Etc., Etc.. 12mo. pp. 214. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: H.R.Hildreth Printing Co. Cloth $1 50.

STUDENT'S POCKET MEDICAL LEXICON; Giving the correct Pronunciation and Definition of all words and terms in general use in medicine and the collateral sciences, etc. By Elias Longley. 16mo. pp. 303. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth $1 00.

THE PHYSICIAN'S POCKET DAY BOOK. By C. Henri Leonard, M. A., M. D. Accommodates daily charges for 20 or 40 Families weekly; has complete obstetrical record for 94 cases; and monthly memoranda for Dr. and Cr. cash account. Detroit: From the Author. Price $1. St. Louis: Book & News Co.

THE MULTUM IN PARVO REFERENCE AND DOSE BOOK. By the same Author. Third Edition, Revised and Enlarged. 23d thousand. Detroit: C. Henri Leonard. 1879. St. Louis: Book & News Co. Cloth, 75 cents.

TRANSACTIONS of the Southern Illinois Medical Association, for the year 1879. Also the Proceedings of its semi-annual meeting, held at Sparta, June. 18, 19, 1879. Vol. I. L. Dyer, M. D., H. V. Ferrell, M. D., Committee on Publication. 8vo. pp. 76. From the Committee.

DERMATITIS VENENATA; or *Rhus toxicodendron* and its Action. By Roswell Park, M. D. Reprint from *Archives of Dermatology*, July, 1879.

NEUROSTHÆNIA. By Geo. M. Beard, A. M., M. D. (St. Louis *Med. and Surg. Journal*, May, 1879).

Miscellaneous Notes.

THE Linton District Medical Society will hold its next semi-annual meeting at Mexico, Audrain county, Mo., on November 4th, next.

Dr. J. MARION SIMS has returned from Europe and resumed practice in New York. His great work on gynecology is to be published during the coming winter.

THE Tri-States Medical Society will hold its next annual meeting at Evansville, Ind., on Tuesday, Nov. 4th, of the present year. A large and interesting meeting is expected.

IMPORTANT MEETINGS.—The American Public Health Association, the Sanitary Council of the Mississippi Valley and the Tennessee State Medical Society will hold their annual meetings at Nashville, Tenn., on Nov. 18th next.

A NEW Medical Directory of the United States is preparing by Dr. E. J. Bermingham, 13 Lafayette Place, New York City. Every physician is requested to send his name, post-office address, date of graduation and name of college that conferred the degree.

THE South-East Missouri Medical Association will hold its sixth semi-annual meeting at Jackson, Cape Girardeau county, on Tuesday, November 4th, proximo. All communications should be addressed to Dr. James W. Cannon, Corresponding Secretary, at Jackson. A large attendance is expected.

DR. L. DUNCAN BULKLEY, the editor of the *Archives of Dermatology*, and author of

far more than ordinary ability, will give a free course of twenty-four lectures on skin diseases at the New York Hospital, No. 7 W. 15th street, every Wednesday at from 2:30 to 3:30 o'clock.

MEDICAL COLLEGE OF THE UNIVERSITY OF VERMONT.—This college graduated a class of forty-nine at its last commencement, having rejected fifteen per cent. The total number of students in attendance was 151. —N. Y. *Med. Record.*

From this it would appear that 57.64 students applied for examination and graduation, of these, 8.64 students were rejected! That sixty-four hundredths of a student is what mystifies our statistician. Evidently there was too much of him for a tailor, and not enough for a doctor!

Home News.

MESSRS. MERRELL, THORP & LLOYD.—We call attention to the advertisement of this enterprising Cincinnati firm which appears for the first time in this number. It is one of the oldest established houses in the country and has a well-earned reputation for dealing in pure pharmaceutical preparations, drugs and chemicals. They are prepared to furnish physicians direct with anything required. We notice that they received the *only* gold medal awarded at the last Cincinnati Exposition for the best display of drugs and chemicals

We have recently received from them a handsome specimen of *Alstonia constricta* bark—the "Native Quinine" of Australia —also a sample of *Alstonia scholaris*, or common "Dita" bark. There is no resemblance between the two barks and there is no excuse for mistaking one for the other, as we understood has been done.

A NEW cause of tetanus has been discovered by a St. Louis coroner's jury. A negro was injured severely by being struck by a brick-bat in the back of the neck. Several weeks afterwards he died with tetanus. The man who inflicted the injury was held to answer. An intelligent jury carefully investigated the case and found that the party died of tetanus *caused by syphilis.* Future compilers of works on surgery and diseases of the nervous system will do well to make a note of this.

DR. BENJAMIN LINTON, of this city, died September 27, aged thirty-one years. He was a son of the late Prof. M. L. Linton, who was for many years identified with the St. Louis Medical College. Dr. Benj. Linton's character was worthy of the name he bore, and was not surpassed in honor and purity. The affection from which he died was valvular disease of the heart.

THE older medical schools of this city are crowded with students. "Hard times" are evidently giving way. The prospect of more stringent requirements in the near future is evidently having its effect also in driving the more timid to school while diplomas can still be easily obtained.

THE recently revised statutes of Missouri make the robbing or desecrating of a cemetery a felony instead of a misdemeanor, as heretofore. This crime is made punishable by imprisonment in the penitentiary for five years. Medical students will please take notice of this change in the law.

DR. R. M. KING has been appointed Professor of Physiology, and Dr. Wm. B. Hazard, Professor of Principles and Practice of Medicine and of Clinical Medicine, in the St. Louis College of Physicians and Surgeons.

PREMIUM.—Every new subscriber to this journal for 1880 will receive the November and December numbers *gratis.* To any one sending the names of four new subscribers with $8 00, we will send a copy of Prof. Louis Bauer's Treatise on Orthopedic Surgery, published by Messrs. Wm. Wood & Co., of New York, at $3 25. One renewal with three new subscriptions, will secure the same premium.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, NOV., 1879. NO. 8.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FŒTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878–79, *and* 1879–80.

BY EDWARD C. SPITZKA, M. D.,

Professor of Comp. Anatomy and Embryology, Columbia Veterinary College; Vice-President of the N. Y. Neurological Society; Curator and Pathologist to N. Y. Medico-Legal Society; Physician to Dept. of Nervous Diseases, N.E. Dispensary; W. and S. Tuke Prize Essayist; Hammond Prize Essayist. Etc.

LECTURE II.

The human ovum, after its escape from the Graafian vesicle of the ovary, requires as a stimulus to a *normal* higher developement, the fusion with a male element. This *fertilizing* male element, as shown by Spallanzani, beyond any doubt whatever, is represented by the spermatozoa, the well-known inhabitants of the seminal fluid.

Under the microscope the spermatozoa exhibit such varied and active movements, and these movements present so much analogy to those of certain protozoic animalcules, such as the Vampyrellas and Vibrios, that it is not to be wondered at that older observers considered them to be of an animal nature. As far as the eye can judge they present the physiological attributes of animals, while anatomically they are nothing more than cell derivatives, being derived, as we shall explain in its proper place, from certain elements in the testicle known as spermatoblasts.

The spermatozoon consists of a so-called head, collar and tail. The head is equivalent to the *naked* cell nucleus, the tail is a modified protoplasm, which has grown at the expense of the substance which in the earlier stage surrounded the head, while the "collar" is a remnant of the original unmodified protoplasm. If the reader will imagine a plum pit surrounded by a ball of putty, he will have a crude simile to the undeveloped spermatozoon. If he will now draw out the putty as a long filament for whose construction he is forced to remove the putty covering the kernel, and leave a balance of putty where the filament is in contact with the kernel, he will have a conception of how the spermatozoon ripens. The kernel is the "head," the putty the protoplasm which became drawn out into an actively moveable filament, and the balance of unused putty represents the "collar." The more mature the spermatozoon, the smaller is the collar. Authors also describe a "body" or intermediate portion, but this is nothing but a thicker root-portion of the tail, and in man is hardly demarcated.

Attempts have been made to establish a relation between the shape of the spermatozoa and the zoological position of the different animals to which they belong, but with no success, for example, there are invertebrates whose spermatozoa are more similar to those of man, than those of certain vertebrates are to the latter. The seminal bodies* of the snail are more like

*Many modern authors prefer this term to "spermatozoon," as the latter name involves a speculation as to their nature. Both terms are admissable.

those of man than are those of the shark and ray or the Canary bird.

To this day one of the most enigmatical problems is, the transmission of male characters through this little body. The transmission of female characters through the egg protoplasm and taking place under the *ægide* of the female nervous system, may be reduced to a somatic basis, but with regard to the male characters and their transmission we are entirely at fault. Molecular transmission alone can not account for it; the very unsatisfactory conception of some peculiar arrangement of molecules and molecular force oscillations is the only one which at the present time, even suggests a solution of this wonderful problem.*

If there is such a thing as a miracle(?) this is it.

The motion of the spermatozoon, which is due to the *flagellum*-like action of the "tail," can best be compared to the propelling of a cork-screw. By virtue of this movement, they bore their way into all permeable tissues. These little bodies are also enabled, on account of this movement, to travel considerable distances. They advance through the uterus and Fallopian tubes even to the free surface of the ovaries!

There is a strong presumption that the contact of the spermatozoa with the ovum, ordinarily takes place in the Fallopian tube. The studies of Fol, Hertwig, Giard and Selenka on lower animals, of Shenck, Balbiani, Hensen, and the great Edward van Beneden on the mammalia, enable us to form a conception of the manner in which this contact takes place.

Shenck is the first who has submitted this matter to the test of objective scrutiny *in the mammalia*. He placed the ovum of the rabbit in Reklinghausen's moist and warm chamber, having carefully removed the ovum from the maturest follicles of a recently killed animal, and then added the seminal fluid of the male. He could then trace development through the first stages of segmentation, and observed that *several* spermatozoa *penetrated into the yolk*, or vitellus.

It is well established then, that the spermatozoa *bore* their way through the *channels* in the *zona pellucida* and penetrate into the yolk. Van Beneden alone maintains that after having passed the zona they do not enter the yolk but float in the perivitelline fluid. Our own observations are confirmatory of those of Hensen and Shenck.

Now at this period what is the condition of the maternal ovum? In our last lecture we had shown that it had expelled the membrane of the germinal vesicle, and consisted essentially of nothing else but a uniform and homogenous vitellus, surrounded by the *zona*. Now independently of impregnation a new body forms in its centre, which consists of nothing more or less than the more densely crowded central protoplasm of the vitellus. Since this new body was still traceable to a direct derivation from the maternal tissues, it can very properly be called the *maternal pronucleus*.

With impregnation, a light halo is observed at the *periphery* of the vitellus; this gradually increases in clearness and is seen to contain a shining body, which observers interpret differently as the *head* of one or the conjoined heads of several *spermatozoa*. It may be termed the peripheral or *paternal pronucleus*, since the majority of observers derive it from the paternal contribution of spermatozoa.

The paternal pronucleus gradually approaches the maternal one, and soon the two pronuclei join near the centre of the vitellus and form one common nucleus, *the first nucleus of the future human being*.

Now the act of fertilization is fully accomplished and the true life history of the human being as an anatomical unity is inaugurated.

The collateral question of dispute has

* Eimer claims an "axial thread" for all vertebrate spermatozoa. If this is confirmed the solution may still be sought for in molecular arrangement. We have seen nothing of the kind.

been hinted at above, as to whether one or several spermatozoa participate in the fertilizing act. A great deal of obscurity enshrouds this subject, but after careful investigations as well as an impartial scrutiny of the evidence offered, we are strongly inclined to maintain that several spermatozoa are concerned in the act. The strongest argument of those who maintain that but a single spermatozoon penetrates the zona, is based on the alleged existence of the micropyle, and the supposed formation of a membrane around the vitellus, which is said to prevent the admission of any spermatozoa after the first one has entered. Now in the first place the existence of a micropyle is not at all established for the mammalia, in the second where a micropyle exists in lower animals, particularly in fish, numerous spermatozoa are drawn in through this comparatively wide opening by suction, as has been beautifully explained by Oellacher; thirdly, a vitelline membrane formed in such an infinitesimally short space of time intervening between the entrance of the "leader" spermatozoon and the next one on the line of march, is not likely to check the boring organism which has just squeezed itself through the narrow channels of the resistent zona!

Then, finally, reliable observers have seen several spermatozoa in the yolk simultaneously, we have repeatedly observed this also. Even Hertwig and Fol, the most prominent defenders of the theory, admit that more than one spermatozoon *can* enter the ova of echinoderms, simultaneously, they claim, however, that abortive development results with a multitudinous entry; but Giard and Selenka, who have observed the same thing, deny that this occurrence is followed by aberrant developement.

The theory that only one spermatozoon can enter and fertilize the ovum, is not based on sufficient grounds to justify the loud and categorically trumpeted dictum of a writer on this side of the Atlantic, who represented it as a *fact beyond dispute*, and as demonstrative of a peculiar theory of his own in regard to the sexual differention of the embryo. Theories founded on such a slender basis are about as suggestive as that notorious supposition derived from the same source, that by an examination of the white blood-corpuscles of two given parties this ingenious(?) investigator(??) could inform the parties in question, whether they should marry or no.

To recapitulate in brief the progress in development of the ovum, we have seen that before impregnation it was a simple non-nucleated *monerula*, that two bodies appeared in it, the one independent of fertilization, the other its direct result, that these two formed one body, and that thus after impregnation we have the ovum representing a *mono-nucleated Monerula*.

The term *monerula*, like the terms *morula* and *gastrula*, which we will yet have occasion to use, are derived from comparative biology, and have reference to the analogy of the successive stages of the germ, to certain ideal types found among the lowest animals. Their use is based upon the alleged parallelism found existing between embryological (ontogenetic) developement, and the development of higher and more complex animals from lower and simpler ones. This is alleged by the evolutionists to have taken place in the course of the earth's history (phyllogenetic development). We say this merely as a provisional explanation of the terms in question, it will remain for us in a future chapter to summarize and sift the evidence which the evolutionists derive from the developmental history of the human ovum, embryo and fœtus.

In the current language of embryology, we have spoken of the body which we are now studying as the *ovum*, in the same language we now speak of it as the *germ*, an appelation which it retains until the permanent indications of a bodily form justify the substitution of the term "embryo."

In order to avoid complicating the subject with the relation of collateral details, we defer, for the present, the history of the zona and the *granulosa* cells adhering to it, and will follow up the changes in the germ alone.

With the completion of the *nucleus* of the monerula germ, we notice a darker spot in its center, the *nucleolus*. A constriction now occurs in this nucleolus, giving it a dumb-bell shape and the bridge of substance joining the two halves of the dumb-bell nucleus becoming more and more attenuated, the nucleolus becomes completely separated into two distinct bodies. *Now* our germ consists of a *single* protoplasmic sphere containing a *single* nucleus, which holds *two* nucleoli within its confines. By the time that the two nucleoli have become distinct, the nucleus begins to show the same dumb-bell like constriction as was described in the nucleolus. Each half of the nucleus on either side of the constriction contains one of the two nucleoli. So that when the nucleus has segmented, as it does *exactly in the same way* as was described for the nucleolus, we have the germ composed of a single protoplasm sphere with *two* nuclei, each of which latter contains a nucleus. Now the protoplasm becomes condensed around its two nuclei which, acting as centers of substance condensation, cause the protoplasm to separate into *two segments*.

The subdivision of the nuclolei followed by that of the nucleus and finally of the protoplasm, occurs again and again, until the germ has segmented into eight distinct portions, each of which, composed of a more or less irregularly round clump of protoplasm, containing a nucleus and nucleolus is termed a *segmentation sphere*, this stage of development is called the stage of segmentation, or the formation of the *Morula*.

We perceived that the process of segmentation was inaugurated by the subdivision of the nucleolus, and that in the course of segmentation the nucleolus was in advance of the nucleus, and this, in turn, in advance of the protoplasm.

The traditional idea which exhibits segmentation to be comparable to the division of a ball of wax by a contracting encircling cord is, therefore, not exact.

Another current view is also incorrect, namely, that in segmentation the germ divides into two equal halves, these into four, eight, sixteen, thirty-two, sixty-four, one hundred and twenty-eight, and so on, into regular and equal multiple spheres.

From the beginning, segmentation is an unsymmetrical process, and to bear this in mind is of great importance. Of the first two segments, one is considerably larger than the other, the larger merits the designation of an *ectoderm hemisphere*, the smaller of an *entoderm hemisphere*. We will shortly explain the *rationale* of these terms. At first both hemispheres segment at about an equal rate, that is from the two segments result four, and from these eight, of which four were derived from the larger hemisphere, and four from the lesser one. The former naturally are of a larger size, *individually and in the aggregate*, than the latter. From this point on the larger (ectoderm) segments, resubdivide much more rapidly than the smaller ones, that is, when the four larger divisions have subdivided into eight, the four smaller ones have not yet subdivided at all. From this it follows that at successive stages of segmentation, the number of spheres is not in progressive multiples of two, four, eight, sixteen, thirty-two, sixty-four, one hundred and twenty-eight, and so on, but is two, four, eight, twelve, sixteen, twenty-four, and then can not be counted accurately.

It also follows that as the ectoderm spheres divide much more rapidly than the entoderm spheres, that the former, which, when they were equal in number to the latter, were their superiors in size, now become their inferiors in size, though their superiors in number. Now, since the germ is still within the confines of the zona pel-

lucida, the proliferating ectoderm cells, spread out over the surface of the tardier entoderm cells, and the germ thus comes to consist of an outer layer of small bnt numerous segmentation spheres and an inner mass of larger but fewer spheres.

The accumulation of a fluid between the spheres of the inner mass converts the solid entoderm mass into a *hollow* sphere, which is surrounded *almost* completely by the ectoderm spheres. The germ is now in a vesicular or bladder-like condition, and consists of (1) an outer layer: the ectoderm; (2) an inner layer: the entoderm; and finally, (3) a fluid enclosed in the cavity of the entoderm.

The reason why, in anticipation, as it were, of these changes, we termed the large original hemisphere of the first segmentative period the ectoderm hemisphere, and the lesser, the entoderm hemisphere, has herein been made evident.

The ultimate signification of these metamorphoses, will be discussed in the next lecture, together with the collateral changes in the "appendages" of the ovum and certain facts of chronology and measurement, a knowledge of which is essential to a thorough conception of the physiology and nutrition of the germ.

NEW YORK, 130 E. 50th street.

Original Communications.

THE PLEA OF INSANITY.

Some Recent Cases Before the St. Louis Criminal Court.

BY WM. B. HAZARD, M. D.

We shall endeavor to present briefly the prominent points in several cases recently tried before our Criminal Court, and draw such conclusions therefrom as seem most reasonable in the light of science. We shall not always be able to agree with the eminent experts who testified or with the "intelligent jury" which found the verdict in each instance. However, we are willing to submit our opinions to enlightened criticism, and have no fear of the result being unfavorable.

CASE I.—Charles F. Kring was indicted for murder in the first degree for having killed Mrs. Dora C. Broemser, in January, 1875. Late in that year he was tried and found guilty, in spite of the plea of insanity set up and managed with much ability by his attorneys. The circumstances of the murder were us follows: Kring was a married man, but had separated from his wife and child. He was employed as clerk in a drug store, in a suburb of St. Louis, by the husbaud of the woman whom he afterwards murdered. The woman was the mother of several children and, at the time of the homicide, was five or six months advanced in pregnancy. Kring had been thrown together with Mrs. B. a great deal, her husband having been absent for weeks at a time on many occasions. He conceived a violent attachment for her, and proposed that she should leave her husband and marry him (Kring); pretending that he had already applied to the courts for a divorce from his wife, and suggesting similar proceedings to be instituted by Mrs. B. On the evening of the homicide he hired a hack, went to the house of Mrs. B.'s father-in-law, drank wine with the family, and invited the sister of Mrs. B.'s husband to drive with him to see Mrs. B. Some time before, Kring had called to see Mrs. Broemser at her rooms in a tenement house and had importuned her to elope with him, which she had declined to do. He made so much disturbance at the time that the landlord had ejected him from the premises and forbidden him to visit there again. On the evening in question, he halted the hack at the entrance of an alley near the house where Mrs. B. lived and sent the sister-in-law to ask Mrs. B. to come down into the alley to meet him. This Mrs. B. declined

to do, upon which he sent the girl back with the message that if she did not come to him he should go up to her room. Mrs. B., fearing a disturbance, finally came down to the alley, where the two had some conversation, Kring insisting upon a definite and final answer to his proposal to elope with him. She firmly declined to do so, upon which Kring drew a four-barrelled Colt's revolver from his pocket and shot her, the bullet entering the abdomen and gravid uterus. She fell, when he attempted to thrust the muzzle of the pistol into her mouth and again attempted to shoot her, but the cartrige failed to explode. He then threw the pistol away and left the scene. He went back to the house of his victim's father-in-law, who counselled him to escape. A few minutes later he gave himself up at the nearest police station.

Shortly after he had been locked up, he was visited by Dr. Louis Bauer, who found him very cool and collected, showing no signs of excitement, but expressing the hope that Mrs. B. would die, and showing some irritation on being told that she might recover.

On being asked at the station-house his reasons for shooting Mrs. B., he calmly handed a paper to the officer which, he stated, would explain everything. This document was dated about two weeks before, and was addressed to the public. It was evidently carefully prepared and contained in it the evidences of a preconceived plan of defense. Thus, he stated that he was "insane with love" for his destined victim. He asked one of the officers if, in case he should plead guilty, he would avoid the death penalty, which being answered in the negative, he remarked that he "would cheat the gallows yet," and sent a telegram to a physician in Illinois, who had treated him for a fever, asking him to "come and testify." In his address to the public, he claimed that he had been unlawfully intimate with his victim, and that the child with which she was then pregnant was his.

Mrs. Broemser died three days later, and in due time Kring had his preliminary examination. During this the husband of his victim was a witness against him, and Kring seized a chair and attempted a murderous assault upon the witness in open court. An indictment was found against him, and in dne time he was placed upon his trial. In view of the attempted assault upon the witness in the lower court, he appeared before the jury with hand-cuffs upon his wrists.

He was tried, found guilty and sentenced to death, in December, 1875. The Supreme Court of the State granted him a new trial upon the ground that the jury had been unduly prejudiced against the prisoner by reason of his appearing before it in manacles.

At the second trial the jury could not agree; while upon the third a juryman became sick, so that there could be no conclusion reached.

The defense set up was, of course, insanity. The Illinois physician who had been telegraphed to "come and testify," deposed that some two years before the homicide Kring had shown "symptoms of epilepsy and catalepsy;" other witnesses stated that Kring had acted oddly at times, that his father was eccentric and of a violent temper, that his half-sister was either an imbecile or subject to melancholia; that Kring had had fever occasionally and then had talked wildly and incoherently; that on one occasion he had broken some bottles and a show-case in his drug store without known cause, etc., etc.

Much stress was put upon his apparent indifference, immediately after the commission of the murder, and upon the idea that he had expressed that he was about to be divorced from his wife, also upon the contents of the sentimentally expressed address to the public, all of which were claimed to show delusions.

Dr. L. Bauer thought that Kring was "either a consummate actor or a madman,"

with a decided leaning towards the latter opinion.

Dr. Chas. W. Stevens thought him the victim of "a delirium of love and passion" that certainly lessened his responsibility.

Dr. Chas. H. Hughes was so undecided, so foggy and altogether so non-committal, that no one in court was able to learn exactly what his opinion was.

Dr. J. K. Bauduy, with the writer, agreed that Kring's insanity was made up for the occasion—in other words, was feigned.

The fourth trial was set for Nov. 11, 1879. After one day spent in the attempt to find twelve men who did not read newspapers and, hence, competent try such a case, the counsel for the accused declined to go on with it until some money was paid them for their services. But all of Kring's resources were exhausted. The prisoner concluded to follow his original plan. He pleaded guilty to murder in the second degree, expecting to be sentenced to the penitentiary for a term of two to five years. He was evidently surprised when the Court pronounced the following sentence:

"Charles F. Kring, in accordance with your plea of guilty to the charge of murder in the second degree, I hereby sentence you to twenty-five years' imprisonment in the penitentiary, and further order that you stand committed until the costs of this prosecution are defrayed."

The prisoner protested against the severity of the sentence. He said: "I understood that my insanity would be taken into consideration, and that I would receive a light sentence. I would not have pleaded guilty if I had known you would be so severe." In this he plainly showed the reliance he had placed upon the false plea that had been set up in his favor. We believe that it is the first time in the history of the State that a prisoner has argued for himself that his insanity should mitigate the severity of his punishment.

CASE II.—Wm. C. Reeves was indicted for assault with intent to kill; the victim being his wife, to whom he had been married less than three months. The assault was made with a small revolver, four shots being fired and all taking effect. This took place on July 7, 1879, and his trial was set for an early date in September. This resulted in a legal fiasco, the jury having been allowed by the sheriff to mingle with the common crowd, after hearing the evidence and speeches of counsel, but without the knowledge of the judge and without the customary injunction regarding communications with outside parties regarding the case. Hence the jury was discharged and Nov. 6th set for hearing the case.

The history of the prisoner and of the act for which he was tried is as follows: His age is twenty-eight years; Canadian by birth; occupation candy-maker. He is below the ordinary height; of dark complexion and shows evidences of possessing a good strong bodily organization. His character for honesty and industry is good. His disposition was certified to as peaceable. His physical endurance was uncommonly great, and in 1878 he showed that he was an excellent pedestrian, having taken part in several "walking-matches" in which he commonly came off victor. In the latter part of July, during the prevalence of excessive heat, he undertook to walk to Belleville, Ill., and back—a distance altogether of about thirty miles. He suffered extremely with the heat on his way out, but left to return at about one o'clock, P. M. After proceeding about ten miles he felt weak and soon lost consciousness. When he revived he found himself in the hands of a farmer who was applying cold affusions to his head, and who told him that "he had had a sun-stroke." The period of unconsciousness lasted nearly four hours. About six o'clock in the evening he began to walk the last five miles of his journey, which he accomplished after eleven o'clock, P. M. For several days he was unable to work, had headache, vertigo and vomiting, and slept but little. However, he was fairly

well in a few weeks and able to resume his work in a candy factory.

In the latter part of April, 1879, he married a young girl and set up housekeeping. At this time he was employed in the basement of the factory where the temperature ranged from 105° to 115° Fah., and which was poorly ventilated. His work was that of attending large kettles containing a mixture of cocoa-nut, glycerine and other chemicals; the temperature requisite for the manufacture being about 220° to 225° F. The vapors from this mixture were continually escaping into the super-heated atmosphere of the room.

As the outside temperature rose, the heat of this portion of the building became almost unbearable. Reeves complained of headache, vertigo and nausea, and said that the work would kill him. He was unable to eat his usual food and slept but little. At the same time he became quarrelsome, suspicious of all his friends and extremely jealous of his wife. This was shown to have been entirely causeless. His employers and comrades noticed his changed demeanor and disposition. He also gave evidences of decided delusions, such as that his food had been poisoned, etc.

On the day of the murderous assault upon his wife he had been employed all the morning at the work above described. At twelve o'clock, he went to a room in the third story of the building where his wife was also employed, and partook of a luncheon which she had brought for them both. After an apparently amicable conversation, he drew a pistol and commenced firing upon his wife, who ran into another room where several persons were also eating, where he followed her, discharging the weapon four times. He then sat down and took his wife upon his lap, kissing her and calling her "pet names;" she embraced him and expressed her forgiveness for what she thought were fatal injuries.

He was immediately arrested and taken to the police station. On his way there he was asked by the officer what were the reasons which moved him to make such an assault. He said merely, "I think no man has a right to come between man and wife," and gave no other explanation.

His wife was only slightly injured, soon recovered, and refused to prosecute. A brother-in-law, however, took the necessary steps, and an indictment was found, as above stated.

On the second trial, the facts as just related were elicited. The wife sat by the prisoner's side during the trial and showed the greatest sympathy for him. He was ably defended by A. N. Merrick, Esq., who adopted the rather novel expedient of placing members of the different medical sects, in addition to reputable physicians, upon the witness stand as experts. For once, strange to say, homœopathists, eclectics and regular physicians were in agreement. They all declared the defendant *non compos mentis* at the time of the assault, and the jury agreed with them. Hence Reeves was acquitted, and his wife, who cheerfully takes the chance, will probably again suffer at his hands.

While the writer gave his opinion that Reeves was undoubtedly suffering from mental disease, superinduced by heat, and characterized by manifest delusions as well as disordered action, he deplores the neglect of the law to provide for the safe-keeping of such destructive individuals.

CASE III.—Henry J. Redemeir was indicted at the July, 1878, term of the St. Louis Criminal Court, for murder in the first degree, in the killing of Franz Voss on June 29th 1878. The following is an account of the circumstances attending the homicide as brought out by testimony at the trial of the accused, which took place in the following December:

The deceased, who was a stone-mason, was engaged with eight or nine workmen in laying the foundation of a building, and while so engaged, at about one o'clock, P. M., of the day in question, the accused was

noticed sitting on a stone a short distance from the laborers. Deceased, with one of his men, was in the act of attempting to raise one end of a stone, which was about three feet long, two feet wide and four inches thick, in order to place it in its proper position in the foundation. Without saying a word, the accused approached deceased and shot him in the head, producing instant death. Redemeir shot again into the body of deceased, the second missile taking effect in the side of his victim. The workman assisting Voss made some movement as if to interfere, when the accused warned him to desist or he would also be shot. Redemeir then walked leisurely away, made no effort to escape, and was arrested a short distance from the scene of the homicide. In a short time an excited crowd of working men, numbering several hundred, gathered and attempted to enforce "mob-law," but were prevented from hanging the accused, then and there, by a large force of police. who conveyed their prisoner in safety to the jail. During this time of extreme peril the accused showed not the slightest sign of concern for his own safety.

Redemeir gave various reasons for his crime: most commonly, that Voss was about to throw a large stone at him, and that his shooting was entirely for the purpose of defending his own life; again, that "that was the way he fixed them when they didn't pay him;" to another—a police officer—"that Voss was a good man, but that he was old enough to die, and for that reason he killed him, and that when he came to be as old he wanted some one to kill him." The accused was a cigar-maker, and had never had any business relations whatsoever with deceased; they had long been friends and neighbors, and no difficulty of any kind had ever arisen between them.

On July 9, 1878, Redemeir was arraigned to plead to the indictment, when he insisted upon entering a plea of *guilty*, notwithstanding the presiding judge took great pains to explain to him the consequences of such a plea, telling him with great solemnity and earnestness that in case he should persist, that he (the judge) would be compelled to sentence him to be hanged. In spite of being thus informed, three several times, Redemeir persisted in his plea, and the Court proceeded to pronounce judgment, sentencing the prisoner to be hanged on the 23d of August, 1878. This sentence was received by the accused with the utmost indifference, he merely saying that all he wanted was to have his witnesses summoned by whom he could prove that he had acted in self-defense.

On July 26, the Court vacated the judgment, and the accused then plead not guilty. His counsel, appointed by the Court, set up the plea of insanity, and he was put upon his trial on Dec. 10, 1878. On Dec. 19, the jury returned a verdict of guilty of murder in the first degree, and, a motion for a new trial being overruled, he was sentenced to be hanged on Feb. 14, 1879. A stay was granted, and the case was taken before the Court of Appeals, which affirmed the judgment of the Criminal Court in the following November (1879). The case now goes before the Supreme Court of the State, with every prospect of the proceedings of the lower courts being sustained.

Some of the expert evidence offered by the State was of such a remarkable character as to call for some comment. One gentleman stated that the entire absence of any assignable motive, the publicity of the act, and the absence of any effort on the part of the accused to escape pursuit, cut no figure in the case—that these circumstances had no bearing on the presumption of insanity. He also gave a very remarkable definition of insanity, which was as follows: "Insanity is a disease of the neurine batteries of the brain." This definition was doubtless intended as a bit of pleasantry at the expense of the attorney for the accused (who, be it remembered, was appointed by the Court, and had no

pecuniary interest at stake, the defendant having no money), but even considered as such, it has much the appearance of professional buffoonery, an exhibition of heartless levity which was sadly out of place on the solemn occasion as well as unworthy of the profession of medicine. Such a performance may prove valuable to the performer as a means of personal advertising, but is calculated to excite the indignation of scientific physicians.

The mother of the accused testified on behalf of her son. She was an aged woman, evidently of the lowest order of intelligence. She spoke of her son as suffering from frequent headaches of the most violent character, but stated that she had not noticed any change in him from his ordinary behavior during the weeks and months immediately preceding the homicide. Upon this the "expert" referred to based his opinion that there *had been no change* in the character, modes of thought and of action, which is indicative of insanity.

From an attentive consideration of the circumstances attending the homicide, the writer became strongly impressed with the idea that Redemeir was an epileptic. There did not appear upon the trial the slightest evidence of his ever having experienced a symptom of that fell disease.

There was no description of attacks of convulsions, of momentary unconsciousness or of maniacal attacks of long or short duration. Besides, the prisoner seemed to recall without difficulty all the facts in relation to the homicide. His mind seemed to be occupied with the one idea that he had to kill Voss to save his own life. This he repeated time after time with the greatest earnestness and persistence. When called upon, at the time that the final sentence was pronounced, to state any reason he might have to give why he should not suffer the extreme penalty, he explained to the Court that he had simply acted in self-defense; he attempted to show the relative positions of Voss and himself, going down upon his knees to show how Voss was picking up the stone with which to kill him. He could not be made to see the glaring absurdity of his statements.

The endless reiteration of the same idea is well known to characterize the talk of most patients with dementia following epilepsy.

Causelessness of the act; the absolute want of any motive that could possibly be assigned for it; the brutality of the killing, and the repetition of the shooting after a manifestly fatal injury, all these are highly characteristic of the acts of epileptic homicides. It was stated that upon the day of the homicide, when Redemeir's mother heard of her son's arrest, she "fell in a fit" of some sort. Of course, it may have been simply a fainting spell, or a hysterical attack, but taken in connection with her low degree of intelligence, amounting, probably, to imbecility, it may be suspected that it was a true epileptic seizure.

Until February, 1879, the writer was without confirmation of his mere suspicion derived from a consideration of the prisoner's conduct. In that month it was incidentally learned from a fellow-prisoner of the accused, that the latter was subject to frequent attacks that can be interpreted only as being of the vertiginous variety of epilepsy.

The writer was told that Redemeir frequently became *unconscious*, at these times he sometimes falls from the chair upon which he is sitting, and that he *sleeps after them*. On the writer remarking that these symptoms looked like epilepsy or "the falling sickness," the narrator said: "No, he does not have any *fits* at all, he is only a d—d fool!"

In March last, the writer saw Redemeir for the first and only time. His general appearance indicated mental hebetude. On being asked about his attacks of unconsciousness, he stoutly denied them; said that he was not a lunatic, that his lawyer was

"crazy" to set up that he (R.) was insane; that all he wanted was a trial of his case, when he could show by witnesses that he had acted in self-defense.

In conclusion, the writer finds himself compelled to disagree with the "insane experts" who testified for the State, as well as with the "intelligent jury" that condemned him so unjustly. He has but little respect for the decision of the Court of Appeals, which disregards the positive evidence, given above, in favor of Redemeir's insanity.

If Redemeir shall be hanged, a judicial murder will be committed, and every homicidal maniac throughout the world, with equal justice, should be taken from the asylums that shelter them in their misfortunes and expiate the crime of being afflicted with disease upon the gallows!

St. Louis, No. 5 High street.

Clinical Reports.

CASE OF IMPERFORATE ANUS—OPERATION—RECOVERY.

BY W. T. HARTSHORNE, M. D.

On April 19, 1877, I was requested by Dr. Black, of Junction City, Kansas, to examine a case he had been called to. Dr. Black said he had visited a female child, aged six months, and found, as the parents had stated to him, that the fæces passed through the vagina, and had done so from birth.

There being no orifice externally from the rectum he had made an incision, and had gone as deep as he thought safe without finding the rectum. The child had also been operated upon twice before by another physician without success.

When the bowels were about to move the child suffered great pain, and strained to such a degree that she became nearly black in the face, and was convulsed.

The bowels did not move unless medicine had been given. I examined the child, using a small silver catheter, and having passed it into the vagina found an opening leading into the gut, through which the fæces were discharged.

The parents having given their consent, an operation was decided upon as the only means of affording relief.

The next day, the child being placed in the lithotomy position, the catheter was passed through the opening from the vagina into the gut, and the catheter being held by Dr. Black, I cut down with a straight bistoury more than an inch deep, upon the catheter, afterwards making as free an incision in extent through the gut as was deemed necessary, then passed the catheter through the opening made in the bowel and through the incision made in perineum, and so brought the catheter out externally.

The child was teething and, although the bowels had previously been much constipated, diarrhœa now set in which had to be relieved by medicine, and this continued throughout the case.

Having passed the catheter, we next took a piece of narrow tape, saturated with olive oil, drew it through the incision and through the opening in the vagina by means of the catheter.

I gave directions to the mother to draw some of the tape through the incision when the bowels were about to be moved. The result was, that from the first, part of the fæces followed the tape, whilst the remainder still continued to pass through the vagina, but by perseverance in this way the discharge through the vagina became less daily, and more passed by the opening made.

A good external orifice being established, the tape was withdrawn. The result was perfectly satisfactory, the operations of the bowels taking place naturally, all pain ceased, and the opening from the gut into the vagina closed, and the child suffered no inconvenience whatever, but was in all

respects the same as if no malformation had ever existed, by the 29th day of May, 1877. She is still alive and well at this present date, August 15, 1879.

JUNCTION CITY, Kansas.

CASES IN PRACTICE.

Varicose, Syphilitic and Benign Ulcers of the Leg—Extraction of a Needle after Twenty Years Sojourn in the Body.

BY S. B. HOUTS, M. D.

CASE I.—March 11, 1879, was called to treat Mr. J. B., residing on Webster street, this city. Found him afflicted with an extensive varicose ulcer of the right leg. This extended from the inner malleolus five inches up the leg, and about four inches in width. The patient was of a full, phlegmatic habit of body and his circulation was evidently sluggish. Both the external and internal saphenous veins and their branches very much enlarged. Vermicular coils of dilated veins along the course of both as large as the finger; the leg was very much swollen and dropsical from the exudation of serum into the cellular tissue. The patient's occupation was that of heading flour barrels, therefore requiring him to stand constantly during working hours, this, of course, aggravated his malady by the force of gravity; the veins having lost their elasticity, gradually dilated forming pouches and tortuosities, and were unable to return the blood; stasis, and congestion of the venules and surrounding tissues followed ending in the death of the parts, hence the extensive ulceration.

Treatment.—Being a man of full habit and sluggish temperament, torpidity of the portal circulation and the viscera generally was present, hence I prescribed a thorough cholagogue cathartic in the evening, followed by salines in the morning, following these with acids and vegetable tonics. Ordered the ulcer cleansed, then applied the Martin bandage, to be removed every evening, cleaned and hung up to dry, ulcer cleansed and dressed with the following:

℞ Linseed oil, - - - - - - ℥vi
Carbolic acid, - - - - - - ℥ii.

M. S.—To be applied to the ulcer, covered with soft lint or, which is preferable, clean old linen, several thicknesses, then secure the whole with an ordinary roller bandage to remain on during the night.

Next morning before rising, the dressing was removed, ulcer cleansed, and the Martin bandage reapplied to remain on during the day. The equable pressure of the bandage holds about the same relation to the pouched, diseased, dilated veins as a well-adjusted apparatus does to a fractured bone. By the gentle pressure the calibre of the veins is gradually diminished, the equilibrium of the circulation is reëstablished, the dropsical effusion absorbed, the ulcer rapidly heals. Recovery of patient complete in six weeks; no symptoms as yet of a return of the disease.

CASE II.—H. E. called on me, April 29, 1878, with an extensive ulceration of the inside of right leg, extending from the malleoli five inches upward, about four inches in width, of a dirty copper color along the margin: diagnosticated it syphilitic. On questioning the patient, he readily admitted having had, about two years previously, a sore on his penis. Suffered considerable osteal pain along the shin bone of opposite leg, and there was some swelling.

Treatment.—Martin's bandage to the ulcerated leg. Proto-iodide of mercury, alternated with saturated solution of iodide of potassium, internally; improvement manifest in one week; in six weeks the ulcer healed; osteal rheumatism ceased, swelling disappeared; patient well. No relapse.

CASE III.—C. M. called on me for treatment of a benign ulcer of the leg, April 6, 1879. No varicose veins; no syphilitic taint discoverable. Patient suffering from debility and general impoverishment of the

blood. He first received a slight scratch from a piece of railroad iron; the sore gradually enlarged until there was considerable solution of continuity of tissue. Gave vegetable tonics, quinine and iron, internally; Martin's bandage to the leg and ulcer, dressing it in the interval with the linseed oil and carbolic acid. Patient discharged well in four weeks.

CASE IV.—June 5, 1879, I was requsted to see a married lady, aged forty, of fine physical form and apparently in excellent health, weighing about one hundred and eighty pounds. She complained of a sharp pain or "stitch" in the left side. Making a careful examination of the locality, I could discover nothing but a small pimple or button-like tubercle. By squeezing it a small quantity of serum and pus exuded.

Ordered a little discutient salve to be applied, with the remark that I did not think that it would give her any further trouble. Several days after, my attention was again called to the case; patient complaining of same "stitch" and uncomfortable feeling as before. I again examined it carefully—thought I saw a black point in the center of the pimple. Scraping the blade of a small knife over its edge, found that there was a hard-resisting material embedded in the tissue. By a little pressure, a sharp point of some substance appeared, which I grasped with a pair of small forceps and extracted. It proved to be a needle one inch long, much blackened. The patient then remembered having swallowed a needle more than twenty years before. The journey of that needle, could it be traced, would undoubtedly prove interesting.

ST. LOUIS, 523 Olive street.

CHOLERA IN JAPAN.—The last *Courier of Japan* brings bad news from Tokio, Nagasaki and Yakohama, where cholera is making great ravages. Seventy thousand persons had been affected by the scourge, of whom thirty-two thousand two hundred had died—equal to about fifty-six per cent. of deaths.—*Union Méd. de Paris.*

DISPENSARY OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Surgical Clinic of Prof. L. Bauer, M. D.

REPORTED BY J. T. LAREW, M. D.

CASE OF STRANGULATED HERNIA CAUSED BY SNEEZING—OPERATION AND RECOVERY.

Mrs. B., from Farmington, Mo., had entered the Hospital Department of the institution as a private patient of Professor Bauer, and was doing well. While sneezing violently, she felt something give way in her right groin. Soon after she experienced intense pain and discovered a tumor at that point. She was inclined to ignore this condition until the increasing pain, spreading over the lower part of the abdomen, gave her alarm and she sent for her attendant.

The tumor proved to be a strangulated femoral hernia, and the most assiduous efforts at reduction, under the influence of chloroform, failing, the operation was resorted to. On proceeding, Prof. Bauer referred to the rare causation of the case; he had examined her before and noticed no tumor; there could be no doubt as to its recent origin. He stated that he preferred, with John Gay, Esq., of London, the incision at the internal aspect of the hernial sac, that being nearest to Gimbernat's ligament, where the strangulation is generally produced, which, indeed, proved correct in this case. A Bouvier blunt-pointed tenotome was used to relieve the constriction. When the hernial sac had been freed from all mechanical interference, presenting no suspicion of further trouble, it was replaced without being opened.

Instead of using sutures the wound was filled with cotton for the purpose, as averred, of producing a deep and firm cicatrix as the best protection against another protrusion of the bowel. The wound healed in two weeks, and presents no indication of a relapse.

ANGULAR CONTRACTION WITH FIBROUS ANCHYLOSIS OF KNEE-JOINT.

The patient is a male, aged seven years, and of good constitution. There is no evidence of any so-called struma, on the contrary, he enjoys the best of health.

Eighteen months ago he fell, striking his left knee against a stone, and ever since he has suffered from an affection of that joint which, however, has not prevented him going about on crutches. When he entered the clinic he wore a clumsy instrument intended to immobilize the joint in an angular position.

On inspection the contours of the articulation were somewhat changed, the motion limited, the patella adherent, and the biceps muscle contracted. There were no symptoms of active or progressive disease: no white swelling, red discoloration, or marked tenderness either on pressure or motion. Treatment was sought for the sole purpose of correcting the deformity.

In commenting on the case, Prof. Bauer said there was not the slightest pretense of any strumous diathesis, the patient was as sound as a "brick;" that his difficulty had grown out of a traumatic synovitis, either neglected or insufficiently treated; that, although the instrument was by far too heavy, besides, maintaining the limb in a wrong position, yet he was inclined to accord to its use some benefit, as it fixed the articulation, and thus prevented its constant disturbance, which, in his estimation, is the principal source of chronicity in articular diseases. As even active disease of the knee-joint should not prevent placing the limb in an extended position, that being the most favorable for recovery, there should be no delay in doing so now, when the lesion has subsided and we have only to deal with its sequel. He would content himself, however, with dividing the tendon of the contracted muscle and defer the *brisement forcé* for a week, lest the flexion and extension of the limb might possibly cause the entrance of air into the subcutaneous wound, set up suppuration, and thus disturb the plan of treatment.

The division of the tendon was made from the inside with a Bouvier blunt-pointed tenotome, which the operator passed as a probe close around the contours of the tendon. Great stress was placed on keeping close to the tendon, otherwise, the peroneal nerve might be divided, in which case the like-named muscles would be paralyzed.

After the tendon was divided the limb was secured with a posterior leather splint, and the patient dismissed for one week. When the patient was again presented the wound had completely closed, and it was ascertained that he had spent the intervening time comfortably.

He was then placed under the influence of chloroform and the inter-articular adhesions broken up by repeated forcible flexion and extension of the limb, thus producing free motion of the joint. Then the limb was placed in the straight position and secured with veneering splints and plaster-of-Paris bandage.

One week later the patient was again presented to the class. He looked well and had not been in the least disturbed by the preceeding manipulation. A few days later he resumed locomotion on crutches, as directed, though he was fully able to bear his weight on the affected limb. Dr. B. remarked that this was an illustration of the fact that *brisement forcé*, although an apparently very violent manipulation, *does not* give rise to great reaction when followed by proper treatment.

After the use of the plaster splint one month, Dr. B. will apply his interrupted splint; after two months, passive motion will be commenced in order to preserve the mobility of the articulation. It is confidently expected that both form and function will be restored.

CASE OF EMPYEMA AND ITS SEQUEL.

The patient is a male, aged nine years. Previous to the present trouble he enjoyed

good health. During last April he was attacked with a supposed pneumonia of the left side. In the course of two weeks his side began to appear full, and finally became much enlarged with bulging of the intercostal spaces. Not appreciating the seriousness of the condition, it was permitted to continue, and eight weeks later a spontaneous opening took place through the chest wall, evacuating a large quantity of pus—a quart or more. The discharge thus established continued with more or less profuseness from that time on, over a period of more than four months. When presented at the clinic the patient was weak, pale, feverish and emaciated, and suffered from dyspnœa on slight exertion.

An examination by Prof. Bauer showed the opening in the side to be between the seventh and eighth ribs near the junction of the anterior and lateral regions of the chest, and discharging rather profusely. The affected side was much retracted, and immoveable during respiration, while the opposite side was fully distended, and the respiratory movements exaggerated. The lung on the affected side was compressed by liquid and retained in the upper and posterior part of the thoracic cavity, and the heart displaced to the right and upward, the apex beat being felt with greatest intensity in the third intercostal space one and a half inches to the right of the sternum.

The diagnosis of this case was without difficulty. The "pneumonia" of April was doubtless suppurative pleurisy or empyema, filling the pleural cavity with a purulent fluid. This imprisoned fluid produced the bulging of the side, the compression of the lung, and the displacement of the heart; and finally, being unaided by art, worked its own exit, fortunately for the patient, through the external walls of the chest. Prof. Bauer deemed it necessary that the opening leading to the suppurating cavity should be enlarged in order to give free exit for the pus and to afford means by which the cavity could be thoroughly cleansed, but thinking the patient too feeble to undergo the operation at that time, ordered him the ferrated extract of malt, dessert spoonful three times daily, small doses of quinine, and the most nutritious food, such as milk, eggs, etc., with a daily allowance of iron.

After following this treatment for three weeks, a marked improvement appeared in the general condition of the patient and he was submitted to the operation, which consisted in making an incision through the intercostal tissues along the upper border of the eighth rib from the original opening two inches backward, dissecting down, exposing the rib and making a curved excision of its upper half to the extent of one inch. This was accomplished by trephining the rib at three points along the proposed line of excision, and removing the part thus marked out with bone-forceps.

This gave a free opening into the pleural cavity and caused the escape of a large quantity of pus—fully a quart. The cavity was thoroughly cleansed with tepid water and a plug of cotton introduced into the wound to keep it open.

The subsequent treatment consists in washing out the cavity daily with tepid water, and the administration of tonics, stimulants, and the most nutritious food.

In commenting on the case, Dr. B. referred to the prognosis as dubious for the following reasons: first, there is a high degree of debility and anæmia of the patient; secondly, there will be a considerable discharge of pus until the remaining portion of the pleural sac is obliterated by granulations, which, in the feeble condition of the patient, will be a source of great exhaustion; thirdly, the left lung, having been compressed for so many months by the collection of matter in the pleural sac, is likely to remain useless for the purpose of respiration by being bound in its abnormal position by the cicatricial tissue surrounding it.

One week has elapsed since the operation. The patient maintains a good appetite

and is moderately well nourished. The heart has partially returned to its normal position, though the lung shows no sign of resuming position or function. The termination of the case will be duly reported.

Translations.

(Translated for the Clinical Record.)

INTRA-VESICAL INJECTIONS IN DIVERSE MORBID CONDITIONS OF THR BLADDER, PROSTATE AND URETHRA. Dr. J. M. Ramas (*Union Méd. du Canada*, from *Jour. des Sci. Méd. de Lille*) reports twenty original cases of gonorrhœa complicated or not with cystitis, prostatitis or arthritis, and treated by intra-vesical injections. The *modus faciendi* is most simple: a gum-elastic catheter is introduced into the bladder and the urine drawn off, to this the canula of a hydrocele syringe is fitted, through which the injection is thrown for two to four minutes, according to the degree of tolerance. The quantity of each injection varies from 70 to 140 grams (from 2 to 4 oz. nearly), the temperature of which should be from 26° to 34° C. (about 80° to 93° Fah.). The liquids employed are solutions of silver nitrate, zinc sulphate, carbolic acid, etc. Cures were obtained generally and quite rapidly, even in cases that had proved rebellious to other means of treatment.

The author explains the favorable results he has obtained by vesical injections in the following manner: The diseases for which the injections were used were all local affections, hence local treatment was required. The internal exhibition of copaiba, cubebs, tar, turpentine, etc., is not exempt from inconvenience and does not always effect the desired result. If we consider the progressive march of gonorrhœa from the navicular fossa to the prostatic portion or the neck of the bladder, we shall understand how difficult it is to make a urethral injection penetrate deeply enough to modify all the diseased surfaces. On the other hand, the site of the disease will be thoroughly reached by a medicated liquid when the latter is first introduced into the bladder. Again, the good effects of intra-vesical injections are also explained by this circumstance, viz: The contact of the medicated liquid with the urethral mucous membrane at the instant that it has just been subjected to a certain amount of excitation from the passage of the catheter, and when the glandular ducts have been compressed and freed from their secretion, thus leaving their cavities accessible to the penetration of the injected materials.

He thus formulates the indications and contra-indications for intra-vesical injections. Indications:

1. In chronic gonorrhœa, in which the discharge has its origin in the deep portions of the urethral canal.

2. In gonorrhœa which has proved rebellious to ordinary treatment (balsam, urethral injections, etc.).

3. In gonorrhœal or catarrhal cystitis.

4. In prostatic enlargement of gonorrhœal origin.

Contra-indications:

1. In acute gonorrhœa.

2. In acute prostatitis.

3. In those subjects who bear urethral catheterization badly.

TREATMENT OF ASTHMA BY IODIDE OF POTASSIUM (Dr. Gougeon, Thêse de Paris, 1878).—Dr. Gougeon presents, in his inaugural thesis, a faithful and methodical exposition of facts observed in the service of M. Sée, in the Hôtel Dieu, as well as of the ideas of his master upon the subject.

Every physician knows how difficult it is to cure or even to relieve many patients who suffer from asthmatic dyspnœa, whether the asthma be symptomatic or essential. Many medicaments have been employed without much benefit and have disappeared from practice. Prof. Sée, after numerous researches, has finally succeeded in giving to therapeutics of asthma a heroic remedy

in almost all cases. In a learned discussion at the Academy of Medicine he showed what physicians may obtain from the employment of iodide of potassium, but in order that the action of the remedy should be real and effective it must be employed from the outset in a sufficient dose: at least one and a half grams (22½ grs.), and to increase it progressively to three or four grams (46 to 60 grains), taking as a limit the appearance of the phenomena of iodism.

In the historic sketch, he shows, 1, That before Prof. Sée's work, this remedy had been employed, but without definite rules; 2, That it was the active agent in several secret remedies for the cure of asthma. The clinical and therapeutical exposition is very well done.

In the latter part of his work, Dr. G. proves by minute observations collected in the service of the Hôtel Dieu, that the iodide of potassium may be a very useful remedy in all forms of dyspnœa—from cardiac disease, chronic pneumonia, œdema glottidis, etc.

Since Dr. G.'s work has appeared, Prof. Sée has employed the new medication a large number of times, and almost always with success. We, ourself, in divers hospital services of which we have had charge, have experimented with iodide of potassium, and with it have almost always obtained actual success.—Dr. F. Raymond in the *Progrès Médical*, Sept. 6, 1879.

FACIAL NEURALGIA.—(*Tribune Médicale*, Aug. 31, 1879). The therapeutic action of crystalized aconitia in essential facial neuralgia is effective. There are cases, however, which, without being absolutely rebellious to its action, show a certain degree of resistance; these are especially those cases in which neuralgia of the supra-orbital predominates, presenting at the same time marked *periodicity*. Quinine, by itself, also frequently fails, much oftener than aconitia, under these circumstances. But the association of quinine with aconitia gives us a means of rapid and certain efficacy. The following is the form in which M. Laborde has made a successful combination:

℞ Quinæ sulphatis - - - - gr. iii;
Aconitiæ nitratis crys. (Duquesnel's) - - - - - - gr. 1-250;
Pulv. cort cinchonia. - - - - gs.
M.—For one pill.
S.—Give four or five such pills in the twenty-four hours, taking care that an interval of at least four hours elapses between the doses.

Proceedings of Societies.

SOUTH-EAST MISSOURI MEDICAL ASSOCIATION.

The Association held its sixth semi-annual meeting at Jackson, Mo., on Nov. 4, 5 and 6, 1879. The first day's session commenced at 7 o'clock, P. M., Dr. A. E. Simpson, President, in the chair. A large number of physicians were present.

Rev. J. A. Bowman opened with prayer, after which the President delivered an excellent address, which was responded to on behalf of the Association by Dr. Mann. After the usual routine business had been disposed of a nnmber of applications for membership was received, and after a favorable report from the committee to whom this matter was referred, the following named gentlemen were admitted to fellowship: Drs. Presley Pritchett, Abner J. Gupton, Samuel S. Harris, and Frederick Bruckemann.

Dr. Mann gave an address on general topics connected with the working of the Association; the names of certain gentlemen were dropped from the roll. Drs. Henderson and Rowe made their report of the last meeting of the State Medical Association; Drs. Rowe, Cannon and Vineyard were appointed a committee on programme, after which the Association

adjourned to next morning at half-past eight o'clock.

SECOND DAY, NOV. 5,—Met pursuant to adjournment, President Simpson in the chair. Dr. C. C. Valle applied for membership and was admitted. Reports of treasurer and secretaries read and adopted. A paper was read by Dr. S. E. Strong on the Diseases of the Late War, and elicited a long discussion.

Dr. C. A. Peterson exhibited a case of cerebral lesion in which one half of the body had ceased to grow. A humerous essay by Dr. S. S, Harris was read, discussed and applauded; after which the Association adjourned to 1 : 30 o'clock, P. M.

In the afternoon session Dr. O. W. Cline read a paper on Displacements of the Uterus, which was well received, and referred for publication. Dr. Bond delivered an able and instructive address on Surgery. Adjourned to 7 o'clock, P. M.

At the evening session reports were received from several of the counties represented in the Association, after which the Association adjourned to next morning at eight o'clock.

THIRD DAY, NOV. 6.—Met pursuant to adjournment, President Simpson in the chair. Reports from Bollinger and Cape Girardeau counties were read by Dr. Miller and Dr. E. R. Harris, respectively.

A discussion of the treatment of puerperal convulsions and on the treatment of diphtheria occupied considerable time and proved very interesting and instructive.

Dr. R. T. Henderson read a paper on Rötheln, reporting several cases. This was a very interesting essay, and provoked a lively discussion.

Dr. J. W. Cannon presented several interesting cases from his private practice: one of angular curvature of the spine, and one of osteo-sarcoma of the ilium.

Dr. T. F. Frazier read a paper on Pneumonia and its Relations to other Diseases. This contained some novel views and brought out considerable discussion. The Association adjourned to one o'clock, P. M.

At the opening of the afternoon session Dr. Rider read an able paper on Inflammation. The consideration of miscellaneous business being then in order, Dr. J. W. Cannon offered the following resolutions, which were adopted unanimously:

Resolved, That the Southeast Missouri Medical Association cordially endorse the action of Harvard Medical College, Bellevue Hospital Medical College, Medical Department of University of Pennsylvania, Georgetown Medical College and the Chicago Medical College, in their endeavors to elevate the standard of medical education by making a prelimlnary examination and a three-year course the requisite to graduation.

Resolved, That no member of this Association snould receive any student unless said student first pledges himself not to enter any medical college in the United States, except those requiring a preliminary examination and a three-year course of graded instruction.

After a few minutes recess, the President announced the following appointments for the next meeting:

Council, Dr. Pritchett, for Stoddard county; Dr. S. E. Strong, for St. Genevieve county; Dr. G. W. Vineyard, for Perry county; Dr. P. R. Williams, for Perry county; Dr. J. M. Rowe, for Scott county; Dr. J. M. Rowe, for Mississippi county; Dr. Miller, for Bollinger county, and Dr. E. R. Harris, for Cape Girardeau county. On State Medicine and Hygiene, Dr. J. W. Cannon; on Otology, Dr. S. E. Strong; on Nervous Diseases, Dr. C. A. Peterson; on Expert Testimony, Dr. B. N. Bond; on Advanced Medical Education, Dr. S. S. Harris; on Alcohol and its Relations to the Public and the Profession, Dr. C. A. Mann; on New Remedies, Dr. J. L. Haw; on Conduct of Consulting Physicians, Dr. J. H. Rider; on Antiseptics in Surgery, Dr. Gupton; on Diphtheria, Dr. F. F. Bruckemann; on Tumors, Dr. W. F. Grimstead; Dr. Valle to choose his own subject upon which to report.

Cemmittees:—On Publication, Drs. Can-

non, W. B Wilson and S. S. Harris. On Arrangement, Drs. Frazier, Porterfield and Gupton. On Programme, Drs. Cannon, Bondurant and Frazier. To revise and abbreviate the Constitution and By-laws, Drs. S. S. Harris, W. B. Wilson and G. W. Vineyard.

The usual complimentary resolutions were passed, thanking the citizens of Jackson for their courtesies, and the Committee of Arrangements, Drs. Cannon, Wilson and Nunn, for their efforts to secure a successful meeting, and Drs. Cannon and Baldridge, with their accomplished ladies, for hospitalities extended visiting members.

Dr. Bond addressed the Association in appropriate words, and President Simpson gave his closing address, after which the Association adjourned to meet at Commerce, Scott county, on the first Tuesday in May, 1880, at 7 o'clock, P. M.

The meeting was one of the largest and most successful medical assemblies ever held in the Southeastern portion of the State.

Extracts and Abstracts.

CYSTICERCUS CELLULOSÆ.—Dr. C. S. Turnbull relates (Transactions of the Med. Society of Pennsylvania, Vol. XII, 1879) a case of cysticercus within the human eye, and gives with it a brief account of the parasite and of other cases of the same sort on record.

The patient was a merchant, aged fifty-five years, who had received an injury to the eye, subsequently affected, in childhood. Sight became gradually dim in this organ from opacity of the lens. Five years since, without any explainable cause, the cataractous eye, which had given him no special trouble, became the seat of paroxysmal pains, recurring with a frequency and regularity suggestive of malarial influence. A peculiarity of diagnostic signification in connection with these pains lay in a gradually increasing intensity characterizing them. The cause was evidently of a growing nature, and as a culmination of this intense pain the patient became conscious of blows struck on the inside of the eye, the sensation being described as "hammer strokes." The pains were accompanied with marked vascular engorgement, the conjunctivæ would become congested, and lachrymation was usually profuse. The paroxysms usually came on about bi-weekly.

After treating the granular condition of the lids, which was present, and various methods had been tried to cure the "neuralgia" supposed to be the morbid condition to be dealt with, the pupil was fully dilated with atropia. Now the cause of all the trouble became visible. A balloon-shaped body was seen floating in the aqueous humor. The parasite was living and showed active movements.

"To illustrate the movement of the animal, reference may be made to a balloon. A cysticercus is, in form, a minature balloon, the head of the parasite, which is the pendant part, bears close likeness, when extended, to the basket. To imagine a floating and swaying balloon suddenly drawing into its interior, and as suddenly throwing out its basket, is to secure the fullest notion of the action of the hydatid." The parasite having fixed itself to the center of the capsule of the crystalline lens, it was removed by the performance of Graefe's method for extraction of the lens. It lived for some time afterwards in a warm saline solution. The description and operation are by Dr. J. E. Garretson.

This parasite is the larval form of what is known as the Tænia solium, or tapeworm. The person infected may derive the mature eggs of the tænia from his own intestines or from the tapeworm of some one else. The detached and expelled joints of a tapeworm may be taken into the mouth and swallowed, or the mature egg-containing segments may, by vomiting, be regurgitated into the stomach. In the second way by food as through the use of cooking utensils. Every person affected with tapeworm not only carries danger to himself with him, but is constantly threatening the health of his neighbors. The eggs of the tapeworm, when swallowed, develope into cysticerci, while the cysticerci, when taken into the digestive tract, develope into tapeworms.

A practical point is quoted from Cobbold: a reference to the danger of handling fresh tapeworms, their eggs might get under the finger nails, or upon the clothes, and from thence to the digestive tract. Also the

danger of eating salads which may have been manured with night-soil containing, perhaps, myriads of tapeworm eggs. A cooking temperature of 140° F. is sufficient to kill cysticerci of all kinds.

SLOUGHING OF THE VAGINA.—Dr. F. Peyre Porcher (Transactions South Carolina Medical Association, 1879) presented the following report drawn out by Dr. Geo. E. Sparkman, late house physician to the Charleston City Hospital:

Catharine Phillips, colored, aged eighteen years, was admitted to the colored wards, under care of Dr. Porcher, Oct. 16, 1878, with gangrene of the vulva. She stated that on Oct. 10, she was seized with labor-pains, at full term, and was delivered of her first child after an easy labor of less than twelve hours. Her attendant was an old negro woman. She states that she was left, after delivery, in a soiled condition, upon the filthy bed, for three or four days, when she experienced some uneasiness and felt some "pimples" upon the vulva. The woman's attention was called to her condition, but she does not know what was done for her relief.

On examination immediately upon admission to hospital, the labia were found swollen, black and sloughing, and escaping between them, a purulent discharge of intensely fœtid odor, mixed with the urine, which constantly trickled away; general condition of distress; slight fever, with small, quick pulse; anæmic appearance of the mucous membranes; lips dry; tongue slightly furred, brownish white; anorexia. Treatment: one grain opium and three grains quinine in pills every four hours. Poultices, equal parts of flaxmeal and charcoal were applied locally and changed repeatedly (a few drops of carbolic acid were mixed with each). Ordered chlorate-potash water (two drachms to a pint) as a drink. Diet: Milk, milk-punch, and chicken soup. The odor from the parts was so overwhelming as to necessitate the removal of the patient to a private room, in which sheets saturated with bromo-chloralum were constantly suspended.

Oct. 20, A line of separation can be observed surrounding the external parts and extending inward; general condition unchanged; continue treatment.

Oct. 24. This morning the whole vulva and the vagina, which had separated at its junction with the uterus, were thrown off, leaving a deep excavation in the perineum. With the woman on her back, the knees one and a half feet apart, and the legs drawn up and flexed at right angles upon the thighs, the excavation is of ovoid shape, and measures across 2½ inches, from above downward 5 inches, and is about 3 inches in depth. The greater portion of the back of the cavity is filled by a globe-shaped body, red and bleeding when touched, which we take to be the bladder; while just under the pubis is a teat-like process about half an inch long, through which the urine escapes *guttatim*. In the lower portion of the cavity can be seen a remnant of the posterior wall of the rectum, which has suffered in the general destruction. The uterus cannot be seen. The parts were thoroughly syringed with warm carbolated water and then packed with lint saturated with carbolic acid and sweet oil (one to twelve); constitutional treatment continued: beef essence and custards added to diet.

Oct. 30. The parts have been cleansed as often as necessary, and to-day the woman feels stronger; appetite begins to improve. She can control fecal evacuations, and the feces are well moulded; the urine continues to escape.

The opium was now stopped, quinine continued in two-grain doses *ter in die*. Granulations began promptly from the edges, and the cavity is gradually growing smaller. No material change was made in the treatment subsequently. Discharged Jan. 29, 1879, greatly improved if not cured; the cavity was nearly filled up; she could not retain her urine well, but she could walk with ease, was fat and hearty and appetite good.

The anterior wall of the rectum had sloughed out; a species of prolapse of the bladder had ensued, granulations from the bladder seeming to bridge over the vagina and fill up its cavity, so that the uterus could not be seen or felt. The mass that originally sloughed out when the patient was first admitted, was nearly eight inches in length and two or three inches in thickness.

HIGH-LAND MALARIAL, OR MUSHROOM FEVER.—Dr. J. G. Westmoreland, editor of the Atlanta *Medical and Surgical Journal*, describes, in his journal, a new form of continued fever. He states that it has prevailed during the past summer, and is still

prevalent in several counties in the neighborhood of Atlanta, Ga. In some localities it has been so malignant in character that the mortality has reached fifty per cent. of the cases. No cases have occurred within the limits of that city. On the highest, dry, and ordinarily salubrious sections, it prevails with severity equal to that of low, damp localities. It presents many of the characteristics of typhoid fever, while its duration is only two weeks; while it is not controlled by quinine to any such degree as are the ordinary malarial affections—intermittents and remittents.

In 1847 the same fever, exactly, prevailed in some counties of Middle Georgia, and again in 1866, the identical peculiarities were observed in a form of fever which prevailed to some extent in the neigborhood of Atlanta.

During the months of July and August, 1847, and in the same months of the present year, the greatest number of mushrooms were seen all over the uncultivated land of the forest. The experience of 1847 gave Dr. W. good reason for predicting troublesome fever to follow the appearance of the large crop of cryptogams in 1879, and it has been signally verified.

He presumes that the fever in question has had its cause in the germs or sporules of these fungi. He says: "It is known that the mushroom is the growth of a night and has the duration of a day. Falling down, the innumerable spores rise and are wafted by the breeze so as to infect the atmosphere in the neighborhood around. The fever coming on at a suitable time after the breaking down and drying of the mushrooms, and assuming features different from typhoid and marsh-malarial fevers, the conclusion seems just that there is something more than coincidence in these things. The opinion of cause and effect is greatly strengthened by some co-existing circumstances in 1847 as well as 1879.

"The Salisbury theory of marsh-malarial fever, which has been ridiculed almost into oblivion, perhaps unjustly, was founded on its cryptogamous origin. If true, the fungus is, of course, belonging to a different variety than that found on the hills producing the two-weeks fever, the name of which heads this article; or undergoes modifications by being drifted by washings of fields and currents of streams to the marsh, from which its spores are wafted through the atmosphere. This difference or modification is seen in the difference of character in the disease produced by them. While marsh malarial fever is intermittent or remittent, and cut short by quinine, the highland malarial or mushroom fever runs its usual course despite large quantities of quinine, and does not usually observe diurnal intermissions or remissions. No abortive treatment has yet been discovered for the highland two-weeks fever. The course found most satisfactory is that of mercurials to a limited extent, blisters to nape of the neck, veratrum, and unloading the bowels by enemata."

In conclusion he calls attention to the different portions of the nervous system specially affected in different fevers: "While marsh malaria deranges the spinal cord, the cause of typhoid evidently impresses some of the cranial centers. One being intermittent of one week's duration, and cured by spinal tonics, the other continued and runs a period of three weeks. May not the highland cryptogams affect an intermediate point, and hence intermediate in duration, etc?"

Locomotor Ataxy, and its Connection with Injuries (*Brain*, Vol. II. No. 3, from *Revue Mensuelle de Méd. et Chir.*, No. 3, 1879).—Dr. L. H. Petit reaches the following provisional conclusions after a careful examination of a large number of reported cases: Direct or indirect injuries of the spinal column, falls on the back, the buttocks, or the feet, give rise to shake of the spinal cord, and in consequence thereof, to lesions which may become the starting-point of chronic myelitis, and induce the symptoms of ataxy. * * * * * It is probable that in persons predisposed to sclerosis, the arthritic, the syphilitic, the alcoholic, such injuries may, by irritation of the spinal marrow, hasten the development of ataxy. Injuries of this nature can certainly revive an ataxy apparently cured, or hurry on the course of one already existing; while various morbid actions, the suppression of habitual secretions or discharges, of hemorrhoidal or catamenial flow, or of cutaneous eruptions, pregnancy, and intercurrent febrile affections, seem to act in a like manner.

Hay Fever may be prevented, according to Dr. C. M. Sebastiann, by the subject constantly wearing a thick veil during the season in which he habitually suffers.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - NOV., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

LOSS OF THE SENSE OF PERSONAL IDENTITY.

If there is one thing of which we believe we have certain knowledge, it is the fact that we exist—self-consciousness. This includes the idea of our own essential difference from all other beings, or that we have a personal identity which separates the *me* from the *not me*. That this consciousness of our own individuality may be lost seems almost incomprehensible. That this may occur is a fact. In order that this may happen it is only necessary for the memory to be abolished, which may be the result of many conditions of disease, when the functions of the brain are generally impaired.

In grave forms of fever, when the functions of the nervous system are seriously interfered with by the high temperature of the blood, consciousness is frequently abolished and we cannot avoid the conclusion that the sense of personal identity is destroyed for the time being. The occurrence of acute dementia after such fevers, which presupposes a defect in the memory regarding past events is confirmatory of this presumption. Most, if not all such cases reported, have recovered their memory of past events and reacquired the sense of their personal identity to a greater or less degree. The larger proportion of chronic cases of secondary dementia to be found in our asylums have doubtless lost the consciousness of their own personality.

It is, however, rare to find cases recorded in which the memory is absolutely blank regarding a large proportion of the life of the individual, and is never reacquired. When the patient is surrounded by friends and relatives who can assist him with memory unimpaired by disease, the case may be a very remarkable one and excite our sympathy and commiseration. If he finds himself among total strangers with a complete blank in his mind regarding all his past life, his condition is indeed most pitiable.

A case reported in *Brain*, for April, 1879, by Dr. William Sharpey, Emeritus Professor of Anatomy and Physiology, University College, London, is of the first variety. We purpose presenting a brief resumé of this remarkable case, referring our readers to the excellent periodical mentioned for a more extended account:

The first notes were made in 1824. The patient, Mrs. H., was twenty-four years of age, pale complexion, and slender make. She was married in July, 1813, had good health, as a rule, till the end of April, 1824, when she came under observation, having suffered some time with what appears to have been a light form of melancholia; that is to say, she lost appetite and spirits, had pain in her stomach and bowels, slept more than usual, and imagined that she was unequal to the concerns of the house, though her family consisted only of herself and husband.

She began to sleep more than usual, and complained of an uneasy sensation of lightness in her head. The sleepiness gradually increased, her memory became impaired, until she would never awake unless she was forcibly roused. At length, about June 10th, it was found impossible to rouse her, and she remained in constant sleep till the beginning of August. She would still make an attempt to get out of bed when she required to go to stool, and she was regularly fed, swallowing food when it was presented to her lips, closing her teeth as a sign that she was satisfied.

At the end of July, she came out of her condition of torpor, apparently in conse-

quence of the griping occasioned by a dose of croton oil. Her temperature was quite normal throughout her sickness.

On her recovery from her torpor she appeared to have forgotten all her previous knowledge; everything seemed new to her, and she did not recognize a single individual, not even her nearest relatives. In her behavior she was restless and inattentive, but very lively and cheerful; she was delighted with everything she saw or heard, and altogether resembled a child more than a grown person.

She knew absolutely nothing—had to be taught words and their use, the alphabet, and the names of objects. She had been a good musician, and she relearned her music with the greatest ease, seeming to have retained a large proportion of her dexterity in this respect. All her knowledge was rapidly reacquired, much sooner than a child learns the same things, so that in a few months she was in possession of most that she had lost. There is no statement regarding her memory of events occurring previous to her illness having ever returned to her. She lived happily with her husband, and gave birth to a daughter, who survives her.

In the same journal for October, 1879, Dr. J. Mortimer Granville relates a somewhat similar case, although the loss of memory was not so absolute as in the one above referred to. The recovery is stated to have been "mentally and physically satisfac'ory," but there is the same omission as to events that had occurred in the life of the individual previous to the illness. This is to be regretted, especially when the following case is duly considered. We find it in a correspondence to the *Hospital Gazette*, of Nov. 15, 1879, from the pen of Dr. A. H. Hewater, St. Clairsville, Ohio:

The patient is about fifty years of age; rather spare; dark hair well sprinkled with gray, and quite a gentleman in appearance. He presents no evidences of bodily disease. He has lost all knowledge of his personal identity; does not know who he is, where he came from, or whither he was going. He has been an inmate of the county infirmary for the last nine months. All previous to that is a blank in his memory. About that time he found himself standing upon the depot platform in Bellaire City, with a little money in his pocket and a small traveling bag in his hand. This bag contained a change of linen, pair of scissors, and some blank paper like that used by editors. His clothes were quite genteel and the underwear in his valise was neat and clean. His entire appearance was that of a well-cared-for gentleman ready for business. The only mark to be found upon any of his clothing was the name Ralph, by which he is now called. After thinking a long time, endeavoring to recollect who he was and where he came from, he went to the nearest hotel, stated his strange condition, asked for a bed, thought he would rest awhile, and that his strange mental condition would soon pass off. The same evening he attended a "temperance lecture" on the invitation of the lecturer. While attentively listening, a sudden impulse came over him which he could not resist, and he soon found himself in the street smashing the saloon windows with a club. The "roughs" ran out, beat and abused him badly, breaking the neck of the humerus and otherwise maltreating him. This brought him into the hands of the police and, eventually, to the county infirmary. Every effort was made to learn who he was, but thus far without avail. His knowledge upon all subjects disconnected with his identity is entirely correct. He has the use of his mental powers in all other directions. He is expert at figures and in the use of the pen. For a long time it was thought that he was feigning, but every one about him is convinced, after long observation, that he is what he says he is—a man with no knowledge of his personal identity.

How such an extraordinary mental condition can arise is a question of considerable practical importance in view of prognosis and treatment. Without a knowledge of its mode of production, or at least some definite idea in relation to the underlying physical condition, we should feel ourselves powerless to relieve or cure. This is all the more important because we know that a similar condition may be present as an outcome of various morbid processes, such as the so-called essential fevers, syphilis, gout and rheumatism, to say nothing of the strange aberrations of hysterical cases which may be real or simulated.

Dr. Granville offers the hypothesis that three different conditions may be set up by brain disturbance or disease, that may cause "loss of memory:"

"1, Complete destruction of cerebral cells; 2, withering or blighting, which amounts to obliteration of the cells without destruction of their nuclei (meaning by *nucleus* the seat of life in a cell, whatever that may be); 3, a suspension of function without arrest of nutrition, as though a particular area of the cerebral organism were thrown out of the circuit of energy."

In case the cerebral cells connected with the records of ideation are completely destroyed, he believes that the functions may be reëstablished by some other part of the brain taking up the business of the destroyed cells vicariously. In this case it would seem impossible that *all* the functions destroyed could be reëstablished within a comparatively short period. Ordinary cases of aphasia demonstrate that the functions of a very limited number of cerebral cells having a highly specialized office to perform are taken up vicariously by other cells to an extremely limited degree or not at all, when the former have been destroyed. Hence, we may safely remove his first condition from our list of possible modes of losing the memory with the possibility of regaining it. It probably is the condition present in permanent loss of that faculty.

"Withering or blighting" of the cells without destruction of their nuclei may, very possibly, be present during convalescence from many acute diseases in which long-continued high temperature has been a prominent feature. We can conceive how the protoplasm of the cells or ganglionic bodies, may be so damaged as to become useless and necessitate a complete renewal before the normal functions can be again displayed. So long as the nuclei remain, however, we should expect that there would be depression of function to less or greater degree without total and absolute abeyance of all their characteristic powers. That all functions save one should be restored to vigor seems scarcely accounted for in this way. Of course, when the cell should be completely regenerated, we should look for a return to its former activity. There is something very plausible in the second theory, but we have strong doubts as to its actual correspondence with facts.

The third way in which the phenomena may be produced, according to Dr. Granville, supposes that nutrition may go on without interruption while the functions of a portion—area or strata of brain cells—are suspended. Although this is somewhat vague, yet we believe that it very nearly expresses what actually occurs in these cases. The effects of remedial measures seem to indicate that the condition is rather an arrest of function than destruction (partial or complete) of organic structures.

Arrest of function may occur in several distinct ways: through inhibition, by a neutralizing effect produced upon the activity of one portion of the brain by the activity of another related or connected portion; through a loading down or compression of nervous elements by products of disease, their activity thus being lessened or even rendered *nil* for a longer or shorter time; or by pressure exerted upon the connecting fibres, which serve to bring all parts of the brain into harmonious action, arising from morbid deposits.

Still we are not entirely satisfied with any explanation that has been offered, although recognizing the fact that there may be an element of truth in each.

One fact seems to be firmly established by the foregoing cases: that the sense of personal identity, like all forms of mental activity, depends upon the physiological activity of cerebral cells. That memory may become a complete blank, and then again assert its sway with a return to the normal condition of nervous structure, and that there may be only a partial return of memory whilst all other forms of mental activity are restored to their normal condition.

We are fully prepared to admit Dr.

Granville's conclusion that "in the absence of special indications that what seems to be helpless dementia is actually what it seems, *i. e.*, a physical destruction of brain-cells; it is always *possible* the patient may recover, and, therefore, never justifiable to write a case off as incurable, and leave it to drift unnoticed and unhelped."

The therapeutic indications are, of course, derived from the causation where this can be traced, from the symptoms presented where the etiology is unknown.

THE SURGEON-GENERAL OF THE UNITED STATES NAVY.

Dr. Philip S. Wales was appointed Surgeon-General of the United States Navy, by President Hayes, in August last. The appointment is one that was well deserved, and we hope that the jealousy of disappointed aspirants will not interfere to prevent his confirmation by the Senate when Congress meets next month. Surgeon Wales has distinguished himself as a contributor to medical literature, having published an exhaustive monograph entitled "Surgical Operations and Appliances," besides various papers in the journals, the following being the titles of the more important of these: "On Cerebro-Spinal Meningitis," "Amputation at the Shoulder-Joint," "Fracture of the Lower Jaw," "Gunshot Wound of the Stomach," "Ligature of the Femoral Artery," "Fracture of the Thyroid Cartilage," "Aneurism of the Heart," "Instrumental Diagnosis," "Traumatic Tetanus," etc.

He is comparatively a young man, having been born in 1834, at Annapolis, Maryland. He received his medical education and his degrees from the universities of Maryland and of Pennsylvania, and has practiced his profession in Baltimore, Philadelphia and Washington. He is now Professor of Anatomy in the University of Georgetown, Medical Department. His new appointment gives him the relative rank of Commodore. His promotion was based upon *merit* alone, instead of seniority, a fact upon which the service is to be congratulated.

Dr. Hammond, Surgeon-General of the United States Army (retired), recently gave the new appointee a most brilliant reception, at which all the most prominent members of the medical profession, as well as many distinguished laymen of New York and Philadelphia were present. Physicians, journalists, clergymen, lawyers, diplomats, politicians and judges united in doing honor to Surgeon-General Wales and his destinguished host. We understand, from the New York *Herald*, that the evening was a most enjoyable one.

OBSCURE ABSCESS OF THE LIVER.

Certain of our local scientists have taken occasion to commit themselves in opposition to the views of Professor Hammond as expressed in his remarkable article which appeared in the CLINICAL RECORD for June, 1878. These gentlemen, however, have contented themselves with airing their feeble sentiments in still more feeble periodical literature, instead of making them known to the world through the columns of the RECORD. This is to be regretted, in as much as we should be obliged to quote largely from their writings if we supposed the medical world took any particular interest in what these gentlemen think about any particular scientific proposition. It may be well, however, to inform them that Professor Hammond has quite a respectable following in the profession. Hence we quote a few lines from a report of the proceedings of the State Medical Society of Virginia, at its session held at Alexandria, Va., on Oct. 21, 22 and 23, as given in the Philadelphia *Medical and Surgical Reporter* of a recent date:

"Dr. Sims referred to his successful treatment of abscess of the liver, marked, according to the experience and observation of Hammond, Brown-Séquard, and others, by obscure symptoms of cerebral conges-

tion, and even insanity, and by no means easily detected. In the person of the eminent medical journalist, Dr. Gaillard, of Louisville, for several years past a hopeless invalid, was lately exhibited an example of this uncommon disease. Himself and Dr. Hammond operated upon Dr. Gaillard, with success, and to the great relief of the patient and his friends."

Our St. Louis wiseacres can derive all the consolation they desire, perhaps, from Dr. Sims' remark about the rarity of the affection. We trust we shall not have to wade through more than a score of pages of vapid scolding at Dr. Sims for daring to confirm Professor Hammond's scientific statement of facts.

DR. E. S. GAILLARD, the talented writer and veteran editor of the Richmond and Louisville *Medical Journal* and the *American Medical Bi-Weekly*, has removed his residence and journals from Louisville to New York City. His address is No. 123 East 46th street. With energy and perseverance that knows no limit, Dr. Gaillard is certain of success in his new field of effort. He certainly has our best wishes. The New York profession is to be congratulated upon the new addition to its ranks.

THE *people* are beginning to demand that physicians shall be better educated. It is bad enough that the medical press should feel called upon to urge this demand; it becomes absolutely disgraceful when the popular papers are compelled to recognize the fact that the vast majority of the American medical schools fail to properly qualify their graduates for the duties which they are to assume.

These remarks are prompted by a recent editorial in the *Central Christian Advocate*, one of the ablest and most widely circulated religious journals in the country. We are glad that earnest men outside of the profession are taking an interest in this matter. Like the politicians, medical college professors have a wholesome fear of the people and their mouth-pieces, the newspapers. In fact, nothing but a dread of losing their bread and butter will ever compel them to reform their evil ways.

THE South-Eastern Medical Association has expressed the will of the profession throughout the land in the series of resolutions reported in another column. The days of the low-grade medical colleges are numbered, and those which accept the situation and conform to the demands of the times are the only ones that deserve to survive.

We take especial pleasure in noticing the "step in advance" thus taken by the young and vigorous society, inasmuch as it is an indorsement of the course of this journal. We are surprised to find that the gentlemen who gave the resolutions their unanimous support should not be aware of the fact that a medical college exists within the boundaries of their own State that complies with all the requirements set forth. Within the next few months they will doubtless acquire this bit of information.

Book Notices and Reviews.

A CLINICAL TREATISE ON THE DISEASES OF NERVOUS SYSTEM. By M. Rosenthal, Professor of Diseases of the Nervous System at Vienna. With a Preface by Professor Charcot. Translated from the Author's Revised and Enlarged Edition by L. Putzel, M. D., Physician to the Class for Nervous Diseases, Bellevue Hospital Out-Door Department, and Pathologist to the Lunatic Asylum, B. I. 8vo. Vol. I, pp. 278, Vol. II, pp. 284. New York: William Wood & Co., 27 Great Jones street. 1879. Wood's Library of Standard Medical Authors. Cloth, $1 00 per volume. Sold only by subscription.

The works composing the Library of Standard Medical Authors, as noticed from time to time in the RECORD, have almost uniformly been of such an excellent character, that we regret finding ourselves forced to withhold the customary mead of

unqualified praise from the last two volumes of the series.

There is no doubt whatever that Rosenthal's work will be of considerable value to students and practitioners who do not possess a better book. It has the merits of presenting in a fairly good arrangement all the known affections of the nervous system, and in addition of exhibiting the views of prominent neurologists. The one great defect noticeable on first sight is lack of clearness. This naturally is the result of the compilation-like character of the book, although even a compilation, if intelligently made, could be made smoother and clearer reading than the work before us.

A very inferior author may often assume the garb of a respectable mediocrity where he would make a wretched failure as an original writer, by compiling a text book from the scattered treatises written by his abler colleagues. This has been the strategy of Dr. Rosenthal, an author whom, in his capacity as teacher of nervous diseases at the University of Vienna, we have, on the single occasion when curiosity induced us to attend one of his lectures, seen draw a diagram of the fourth ventricle on the blackboard ornamented by cranial nerve nuclei evolved out of his inner consciousness. Of Dr. Rosenthal's anatomical exactness as evinced in the present volumes we will yet have a word to say.

Notwithstanding its shortcomings, the work has passed through two editions in Germany, one in France, and now appears in an American issue, proof sufficient that it has met the wants of a certain class of readers. It is certainly strange that in Germany there is not a single competitor of this volume, unless we except the monographic and exhaustive articles in the different cyclopædias.

As illustrating how far the author is behind the age, we need but refer to the fact that nothing is said of the rôle played by the internal capsule in hemiplegia. Another grievous fault of the writer is, that for every disease, no matter how negative the evidence furnished by careful pathologists, he claims an undiscovered palpable lesion, substantiating this claim by such lesions, which like the lateral sclerosis, alleged by Charcot in one hysterical case, were accidental and not essential concomitants. We believe it to be as soundly established as anything is in modern medicine, that hysteria minor, catalepsy, hydrophobia, chorea minor, tetanus and epilepsy are *not* dependent on structural lesions, whatever secondary changes may be found to occur. To assume changes here as Dr. Rosenthal does is illogical *a priori* and unsupported by facts *a posteriori*.

In his opening chapter the author begins with some remarks on the general character of cerebral diseases, and here where the author has, if not attempted originality in propositions, essayed originality in diction, we find the fittest criterion for his standing as a scientist. Within the space of three pages we find the following confused or blundering statements, page 2, line 6 from the bottom: "When hemiplegia occurs upon *the same side as the cerebral lesion* a foyer is usually found in the motor ganglia of the opposite side, with alterations in the cerebral lobes of this side and softening or œdema in the parenchyma of the other hemisphere." We would feel obliged to any reader of the RECORD who will render in plain, comprehensible English, what the author means; as we read it, it is a confused jumble, and such propositions as we can disentangle from this jumble are altogether incapable of being discussed.

Page 3, line 6: "If the lesion is situated in the system of fibres between the cerebral ganglia, and the lower nuclei of the gray centre (Hirnstamm) and in the motor ganglia, paralysis of that portion of the fibres of the facial nerve which pass through the cerebral peduncle [None pass through the cerebral peduncle.—REVIEWER.] will occur upon the same side as the hemiplegia [It will not if we understand the premises cor-

rectly.—REVIEWER.] and the paralysis will therefore only involve the inferior or respiratory muscles of the face."

Now facial paralysis associated with hemiplegia of the same side is well known to be associated, as a rule, with greater or lesser paralysis of all the facial muscles. We have not space to analyse all the errors contained in the above single sentence. Line 24, same page: "it is more reasonable to believe that a lesion situated above the nucleus which gives rise to the decussation of the facials will produce alternate facial paralysis." In the first place, the "facials" do not decussate; in the second, no nuclei *ever* "give rise" to a decussation, and in the third, a lesion so situated will produce facial paralysis on the side of the hemiplegia, not "alternate facial paralysis." Either the author or his translator do not seem to know what alternate facial paralysis is. As remarkable is the following: "Lesions of the *inferior facial nucleus** will produce incomplete facial paralysis on the *opposite side.*" The gross anatomical ignorance exhibited in Dr. Rosenthal's rendition of the Hirnstamm as the "lower nuclei of the *gray centre*," is once more documented on page 2, line 9. "The disorders of speech may have a motor origin as when the lesion involves the roots of the hypoglossal nerves (in diseases of the Pons Varolii * * * * *)" [author's parentheses]. Dr. Rosenthal has yet to learn that the fibres of the hypoglossal nerve are found in the medulla oblongata, and have no topographical relation with the pons of any kind.

The translation, as a translation, is but slightly different from what we ordinarily are afflicted with in this line. If anything, it is better than the average, though its English is far from elegant, as, witness the opening lines: "No method of investigation can embrace in all their *exuberance* the characteristics of the normal activities of the brain." We, of course, can not be over strict with the translator, as he had to deal with a confusedly written original.

Dr. Putzel has, as he states, "on account of their evident utility added certain woodcuts," with the laudable ambition of embellishing a translation in which he seems to have condensed a good deal of pride. It is about as well that he has not mentioned the foreign sources from which he copied these figures, as the originals would hardly be recognizable in the copy. There is one diagram, Vol. II, page 34, with the superscription, "Hysterical Contracture of Arm," which mightily resembleth a butcher's hook, and reminds one of that work of art regarding which the spectators got into a wrangle, one party declaring it to be a cow, the other a rose.

There is an introductory preface by Charcot, an author whom we are getting to suspect of having been greatly overrated, both at home and abroad. When, as here, he states that Rosenthal is a clear and concise exposé of the researches of Turck, Benedict Meynert et cetera, he is simply guilty of prevarication, or he has not the remotest notion of what he is saying. A book which locates the hypoglossal nerves in the pons varolii, and considers the cranial nerve nuclei as synonymous with the peduncular tracts, is certainly in no sense an "exposé" of Meynert, and to mention Benedict in conjunction with Turck and Meynert is about as appropriate as it would be to mention some "electric bath" therapeutist of our own country in one breath with Seguin, Jewell and Miles.

This preface is followed by one of the translator, who modestly states that his translation is the best work on the subject in the English language. In making this statement, Dr. Putzel doubtless had in view the cotemporary treatise of Bauduy, and that miraculous achievement of the young and fertile writer, Allan McLane Hamilton. We cordially agree with him so far; but it is nothing less than presumption to compare it with the work of Dr. Hammond,

* All italics are our own.

and we are willing to suppose that Dr. Putzel, in the enthusiasm of the moment, temporarily forgot that there was such a work in existence. In its excellent English and clear diction, Dr. Hammond's work is so immeasureably superior to the present translation, that until a still better book shall have been produced, we shall continue to recommend it as the best American book extant on the subject. But it is, perhaps, hardly worth while discussing this matter very extensively, as every one may compare the matter for himself.

The binding and type are excellent, as in the remainder of the series, and, on the whole, we congratulate the publishers on the complete success of their series of standard authors. * * *

LECTURE NOTES ON CHEMICAL PHYSIOLOGY AND PATHOLOGY. By Victor C. Vaughan, M. D., Ph. D., Lecturer on Medical Chemistry in the University of Michigan; Author of several works on Anatomy and Chemistry. Second Edition, Revised and Enlarged. 8vo. pp. 315. Ann Arbor: Ann Arbor Printing and Publishing Co. 1879. Cloth, $2 00.

The above little monograph is a sensible and practical volume of three hundred pages, written in a style both graceful and easy and not, as is sometimes the case, at the expense of that conciseness and lucidity of description which characterize the writings of many authors. The book having reached its second edition is an evidence that it has given satisfaction to the profession and will hereafter take rank as a useful and meritorious work. It makes no claims to completeness but is simply intended as a guide to students and practitioners. It is nevertheless full of practical hints in physiological chemistry, pathology and analyses, to the honest inquirer after facts, and truths of which it so ably treats. Physiological chemistry has brought to light many of the essential phenomena of life, and as we look forward to the time when the further development of this science will explain many important but at present hidden questions connected with nutrition, we therefore hail with delight and pleasure the appearance of this little volume and thank Dr. Vaughan for his efforts so faithfully performed in this direction. The chapter on urine indicates that the author has given to the subject great diligence and thought and is the result of much study, and the best mode of conducting investigations and analyses are recorded. The student and practitioner can learn from this book the best method of abtaining a knowledge of the chemical composition of the urine as well as to infer from it, to a certain extent, the general condition of the patient whose urine is examined. The book, while it may not rank as perfect or contain all that we could wish, yet at the same time it is sufficiently full, practical and comprehensive. We, therefore, in this review, do not aim to present a complete analysis of its contents or and estimate of its true worth; that value must result to each one from the careful reading and study of the book itself. We, however, cheerfully recommend the book to the student and practitioner as the most recent and, in our judgment, in many respects, the best work of the kind to be had. R. M. K.

GUIDE TO THE EXAMINATION OF URINE, with Special Reference to the Diseases of the Urinary Apparatus, by K. B. Hoffman, Professor at the University of Graz, and R. Ultzmann, Docent at the University of Vienna. From the Second Edition, Translated and Edited by F. Forchheimer, M. D., Professor of Medical Chemistry at the Medical College of Ohio, Cincinnati. With illustrations. 12mo. pp. 195. Cincinnati: Peter G. Thomson, Publisher, 179 Vine street. 1879. In cloth, $1 50.

This monograph is gotten up in a plain and unpretending style. It comprises 195 pages with preface of the translator and an introduction by his authors. In the latter there is a very acceptable sketch of the historical development in urinary analysis up to the present day, and the work is intended to be the representative of the

latest improvements in this branch of medical knowledge. The most acceptable feature to the practicing physician is the simplification of all analytical operations, and it is for this reason highly commendable to the practitioner.

To the expert reader some differences with the views of other authors are noticeable without marring its usefulness. The illustrations interspersed in the text are certainly very expressive if they are not of high artistic style.

The translation is most accurate, the language choice, curt and expressive. In our opinion this translation is preferable to that of a New York firm. J. A. F.

THE NATIONAL DISPENSATORY. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines. Including those Recognized in the Pharmacopœias of the United States, Great Britain, and Germany, with Numerous References to the French Codex. By Alfred Stillé, M. M., LL. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, and John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Second Edition, thoroughly revised, with numerous additions. 8vo. pp. 1680, with 239 illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $6 75; leather, $7 50.

The rapid sale of the first edition of this excellent work gives the best evidence of the need that was felt for a book of this kind. It is less than a year since we noticed the first issue, and now the second appears, enlarged and improved in many respects.

The authors state that the matter of one hundred pages of the first edition has been incorporated in the second, but by slightly enlarging the page, the volume has been improved in appearance while its bulk is not sensibly increased. Several new remedies receive attention for the first time, while the therapeutic portion, especially, snows considerable improvement.

The work now is fully up with the times, and is decidedly the best exponent of materia medica in our language. Without doubt the distinguished authors will soon be called upon for still another edition of their great work.

A GUIDE TO SURGICAL DIAGNOSIS. By Christopher Heath, F. R. C. S., Holme Professor of Clinical Surgery in University College, London, and Surgeon to University College Hospital, Etc., Etc., Etc. 12mo. pp. 214. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: H.R.Hildreth Printing Co. Cloth $1 50.

The author has, ere this, established for himself an enviable reputation, both as a writer and a practical surgeon. This new publication is another, and certainly very acceptable, proof of his superior ability and arduous diligence. We congratulate him on his success and the profession upon having so safe "a guide to surgical diagnosis." We have carefully perused it and find it clear and terse in diction, complete in all essential points for differential diagnosis, and practically arranged for immediate use at the bedside.

For clinical teachers it is almost as indispensable as to the practical surgeon.

If the "Guide" needed any further commendation, it might be found in the fact that Messrs. Lindsay & Blakiston, of Philadelphia, who are among the most discriminating publishers in the country, have republished it. L. BAUER.

STUDENT'S POCKET MEDICAL LEXICON; Giving the correct Pronunciation and Definition of all words and terms in general use in medicine and the collateral sciences, etc. By Elias Longley. 16mo. pp. 303. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth $1 00.

This will be found a very convenient pocket companion by the student who has just commenced his medical studies. The phonetic signs are easily learned, and the pronunciation given of medical terms is that in ordinary use in this country.

The book, however, shows many signs of

having been compiled by a non-medical man. Some of the definitions are really absurd, while a large number of terms are to be met with in recent medical literature that find no place in this lexicon.

(1) THE PHYSICIAN'S POCKET DAY BOOK. By C. Henri Leonard, M. A., M. D. Accommodates daily charges for 20 or 40 Families weekly; has complete obstetrical record for 94 cases; and monthly memoranda for Dr. and Cr. cash account. Detroit: From the Author. Price $1. St. Louis: Book & News Co.

(2) THE MULTUM IN PARVO REFERENCE AND DOSE BOOK. By the same Author. Third Edition, Revised and Enlarged. 23d thousand. Detroit: C. Henri Leonard. 1879. St. Louis: Book & News Co. Cloth, 75 cents.

1. Dr. Leonard's pocket record book is very conveniently arranged and contains everything that is required in such a necessary part of the physician's daily "outfit." The credit-line will be found particularly convenient.

2. This dose-book is very complete and trustworthy. Those needing such an aid to the memory will find it valuable. There *should be* no necessity for such a substitute on the part of a competent practitioner of medicine.

BOOKS & PAMPHLETS RECEIVED.

MEMORIAL ORATION IN HONOR OF EPHRAIM McDOWELL, "The Father of Ovariotomy." By Samuel D. Gross, M. D., LL. D., Oxon. Delivered at Danville, Ky., at the Dedication of the Monument Erected to the Memory of Dr. Ephraim McDowell by the Kentucky State Medical Society, May 14, 1879. Published by the Society. Louisville, Ky.: Printed by John P. Morton and Company, 1879. From Dr. Coleman Rogers, Chairman Committee of Publication.

AMERICAN HEALTH PRIMERS:—

V. WINTER AND ITS DANGERS. By Hamilton Osgood, M. D., Editorial Staff of the Boston *Med and Surg. Journal.* 16mo. pp. 160. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, 50 cts.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES. By Freeman J. Bumstead, M. D., LL. D., Late Prof. of Ven. Diseases at the Coll. of Phys. and Surgeons, N. Y.; Late Surg. to the N. Y. Eye and Ear Infirmary; Consulting Surg. to Charity Hospital, Etc., Etc. Fourth Edition, Revised, Enlarged, and in great part Rewritten by the Author and by R. W. Taylor, A. M., M. D., Prof. of Skin Diseeses in the Univ. of Vt.; Attending Surg. to Charity Hospital, Etc., Etc. With 138 Wood-Cuts. 8vo. pp. 835. Philadelphia: H. C. Lea. 1879. St. Louis: Book & News Co. Cloth, $4 75; sheep, $5 75.

A SYSTEM OF MIDWIFERY, Including the Diseases of Pregnancy and the Puerperal State. By Wm. Leishman, M. D., Regius Prof. of Midwifery in the Univ. of Glasgow; Phys. for Dis. of Women, and Cons. Phys. to the Obstet. Dept. in the Glasgow Western Infirmary, Etc., Etc.. Etc. Third Am. Edition, Revised by the Author. With Additions by John S. Parry, M. D. With 205 illustrations. 8vo. pp. 732. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $4 50; sheep, $5 50.

HYGIENE OF THE VOICE. Its Physiology and Anatomy. By Ghislani Durant, M. D., Ph. D., Member of the Am. Med. Association, of the Med. Society of the County of New York, Fellow of the N. Y. Academy of Medicine, Etc. A new and revised Edition. 12mo. pp. 188. New York: Cassell, Petter, Galpin & Company, 1879. St. Louis: Hugh R. Hildreth's Pr't'g Co. Cloth, $1 50.

DISEASES OF WOMEN. By Lawson Tait, F. R. C. S., Surgeon to the Birmingham Hospital for Women, and Consulting Surgeon (for Diseases of Women) to the West Bromwich Hospital, etc., etc., etc. Second Edition, Thoroughly Revised, Specially Prepared for "Wood's Library." 8vo. pp. 192. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Cloth, $1 00. Sold only by subscription.

PROCEEDINGS of the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons. Sessions: Syracuse, June 8—12, 1878. Lincoln, May 27—30, 1879. Philadelphia: J. B. Lippincott & Co. 1879.

Miscellaneous Notes.

WANTED:—Physicians throughout the United States of America to answer the following questions:

1. How many postal cards have you sent during the past year to medical journals, asking for a specimen copy "with a view to subscribe?"
2. How many journals have you received in return?
3. How many of these have you subscribed for?
4. How many medical journals do you take regularly?
5. How many do you pay for?
6. What has it cost you for postal cards as above?
7. How many pages of reading matter has this arrangement supplied you with?
8. Do you not regard this as the best plan of encouraging and sustaining the medical press, particularly in an economical point of view?

Answers may be forwarded to the *Medical Record*, New York, the *Pacific Medical and Surgical Journal*, San Francisco, or to the CLINICAL RECORD, St. Louis. To save two cents postage on each answer, a postal card may be used and the answers numbered according to the questions.

FALLING INTO LINE.—The Detroit Medical College has announced that, after the completion of the present session, a preliminary examination will be required of all matriculants and a graded course of three years will be demanded as a prerequisite to graduation.

We note, however, that all students now in attendance may graduate under the old requirements. It is a pity that the schools should show themselves so unwilling "to take the plunge." Why defer for one or two years what should be done at once?

ALEXIS ST. MARTIN, whose gastric fistula permitted Dr. Beaumont, of St. Louis, to make so many valuable discoveries in relation to digestion, is still alive and well. He lives at St. Thomas, Province of Quebec, Canada. He should make the tour of the medical colleges the coming season. It would, doubtless, prove worth his while to do so.

THE death of Chassaignac is announced at the age of sixty-three years. He has earned a permanent place in the history of surgery by his invention of the linear ecraseur and the drainage tube, occlusive dressing with diachylon, and by the improvements in the operations for removal of the tonsils and for tracheotomy.

DR. L. P. YANDELL, of the Louisville *Medical News*, wrote several interesting letters to that vivacious journal while on his recent European tour. As an "interviewer of Prof. Charcot, he proved very successful—if we may judge from sundry papers published lately in the New York *Sun* and *Tribune*.

THE discoverer of anæsthesia seems to be as difficult to determine as the personality of Junius or the name of the city which gave birth to Homer. Dr. Wilhite, of South Carolina, looms up as (possibly) the "dark horse" in the race for the honor. We reserve our decision until all the entries are made.

THE Buffalo *Medical and Surgical Journal* appears greatly improved. The general "make up" is excellent, and a new corps of editors have taken it in charge. Dr. Minor retires after establishing it as a first-class journal in the face of almost unsurmountable difficulties. We wish it every success.

THE *Medical News and Library* will be consolidated with the *Monthly Abstract*, and the new journal will appear after the first of January next as the *Medical News and Abstract*. It will be published, like its predecessors, by Mr. Henry C. Lea, of Philadelphia. Subscription price, $2 50 per annum.

NEW subscribers to the CLINICAL RECORD for for 1880 will receive the November and December numbers *gratis*. Clubs of three or more *new* subscribers will be received at $1 50 each per year.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, DEC., 1879. NO. 9.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FŒTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878–79, *and* 1879–80.

BY EDWARD C. SPITZKA, M. D.,

Professor of Comp. Anatomy and Embryology, Columbia Veterinary College; Vice-President of the N. Y. Neurological Society; Curator and Pathologist to N. Y. Medico-Legal Society; Physician to Dept. of Nervous Diseases, N.E. Dispensary; W. and S. Tuke Prize Essayist; Hammond Prize Essayist. Etc.

LECTURE III.

The student of any branch of morphology finds it very desirable to possess as vivid and tangible a conception of the given structure described as is possible, and one essential to such conception is a knowledge of the measurements, both absolute and relative, of that structure and its component parts. In my first lecture I furnished no detailed measurements, as it then was my object to bring into relief only the leading facts; now may be a proper time to fill the gaps in the description, previous to considering the more intricate changes which next come up for consideration.

The *mature Graafian follicle* measures, on the average, about 10-15 millimeters in its greatest diameter.

The mature ovarian ovum of man as well as of the dog, sea-lion and cat, measures about *one-fifth of a millimeter.*

The zona pellucida is in thickness, about one-hundredth of a millimeter.

The Purkinjean vesicle in a maturing egg, just before its disappearance (Lecture I), measures one-twentieth of a millimeter.

If we were to represent the diameter of the Graafian follicle as 10,000, the entire ovum would equal 200, the zona 10, the Purkinjean vesicle 50, the Purkinjean (germinal) spot 5, the height of each individual epithelial cell in the cumulus granulosus about 20. Or if I were to represent the ovum as a whole by 1,000, the Purkinjean vesicle would equal 250, its spot 25, the thickness of the zona 50, the height of the epithelia 100.

It would take about one hundred and fifty ripe, unimpregnated human eggs to make up a row one inch in length. An investigator possessing a very acute degree of vision could see such an egg with the naked eye, under a strong light and on a black background, as a faint spot.

As I have taken occasion to state, of all the structures of the human and mammalian ovum, only the *vitellus* is *directly* concerned in the formation of the future animal; hence its title of a *germ.* In the vitellus we trace all those subtile and gradual changes which culminate in the formation of the bodily contour, as well as of the organs and somatic systems contained within it. Now, although the *vital* manifestations of the vitellus are the active factors of embryonic development, and *qualitatively* the vitellus is fully competent to originate all the initial steps of development, it is defective in the *amount* of its material. As just seen, its supply of material is exceedingly small, and an *accessory* supply must be pro-

vided for, if development is to continue beyond the first periods of segmentation.

In different vertebrates this is provided for in different ways. In the teliost fishes (herring, salmon, trout, pike, etc.), most of the elasmobranchi (sharks, rays, etc), scaly reptiles (alligators, turtles, snakes, lizards), and in birds, the ripe impregnated egg is expelled from the mother, and provided with an *appended nutritive vitellus*, distinguishable from though more or less in union with the essential formative or plastic *vitellus proper*, which latter yolk it is to nourish. The mother, in this instance, nourishes the embryo and fœtus by deputy. Since the deputy stock of provisions is to last through the whole more or less protracted period of incubation, it follows that the egg provided with its reserve supply must be immensely larger than where only the germ proper constitutes the entire egg, as in man! This accounts for the great size of the bird's, reptile's and shark's egg, and such eggs, characterized by the union in them of *formative* or *principle yolk* with a *nutritive* or *accessory yolk*, are termed *meroblastic* eggs.

In another group of animals, such as the *mammalia* and *amphibia* among vertebrates, and *some* of the *arthropoda mollusca* and still lower groups, *only* the principle yolk is represented, and nutrition during development is carried on without the intervention of a nutritive yolk. The ova are, therefore, as a rule, much smaller than the meroblastic eggs of the chick, plagiostomi and reptiles; eggs of this kind are called *holoblastic*, and to this class belongs the human ovum.

Now among holoblastic eggs we can, in turn, distinguish two fundamental subdivisions. The one consists of holoblastic eggs which develope within the body of the mother, and are nourished exclusively by the mother, such are the eggs of all the mammalia. The other consists of eggs which are developed outside of the maternal passages. These eggs not being provided with a reserve stock of nutrition like meroblastic eggs, nor connected with the nourishing maternal organism like the mammalian holoblastic egg, *must* be provided with some other means of obtaining an increasing growth. Accordingly we find that the vitellus of the *amphibian* holoblastic egg is rapidly developed into a creature, which already, at the embryonic state, becomes a *free animal*, and is able to look for its own sustenance. So that while the human embryo, as well as that of the chick, the former being developed from a holoblastic, the latter from a meroblastic egg, run through all the stages of embryonic and fœtal development before becoming free organisms, the frog's and insect's become such free organisms while still undeveloped. Consequently a great many steps in development which are run through very gradually within the uterus, by the mammalian, and within the eggshell by the sauropsidean (lizard, bird, etc.) organism, are completed by the amphibian and insectean organism while in the free state. This latter form of developement is marked therefore at one period by the existence of a *larval* or imperfect condition.

However ultimately different the amphibian is from the mammalian embryo, the respective ova have this in common, that they do not possess a separate and distinct nutritive or accessory yolk.

The meroblastic egg may be defined as consisting of a germ-yolk (essential yolk, principle yolk, *Hauptdotter* His) and a nutritive yolk. Since only the former part undergoes a perfect segmentation, embryologists speak of meroblastic eggs as undergoing a *partial* segmentation.

The holoblastic egg may be defined as consisting exclusively of germ yolk, and as undergoing *total* segmentation. In speaking of the various groups of animals that develope from meroblastic eggs, I stated that, as a rule, the embryo developed *outside* of the maternal organism. There are several apparent and one real exception to

this rule, which will be considered, and their proper signification shown in a later lecture.

Although the diagnostic marks given above as separating the holoblastic and meroblastic eggs from each other are invariable, yet it must not be supposed that there is an absolute and impassable boundary between the two. The different portions even of the human germ we have already shown play relatively more or less important rôles in the development of the embryo, and in point of fact it happens that in the next stage of development that I should have to consider in this lecture but for the present digression, one phenomenon occurs, which is not explicable on any other ground than that certain of the segmentation spheres, bear to the rest of the segmentation spheres of the holoblastic egg, an analogous relation to that borne by the nutritive yolk to the germ in the meroblastic ovum.

There are other changes of the holoblastic egg (of which the human is an example, as stated) that would be incomprehensible by themselves, and unless we compared them with analogous more intelligible processes noticeable in the meroblastic egg.

These are the formation of the *area germinativa* of the *primitive groove* and of the *umbilical vesicle*. Therefore, leaving the human egg for the present as described at the end of the last lecture, in its transition stage, between the mulberry (*morula*) and vesicular stages, we will briefly run over those points in the meroblastic ovum's development which are calculated to elucidate the ill understood points in the development of the human ovum and embryo.

If we examine the yolk of a chicken's egg, we will find at one point a round white field varying in diameter from one-tenth to one-sixth of an inch. This is ordinarily called the *cicatricula*, or cock's tread, and is considered, though erroneously so, a sign of impregnation. This cicatricula represents the *entire* vitellus of the human ovum, and although so minute as compared with the mass of the yellow yolk, yet is the most essential part of the egg, the yellow yolk being merely an accessory. If we examine the cicatricula by means of a transverse section through the yolk (hardened in alcohol or by boiling) we will find that it is a disc-like expansion, resting with its edges on the yellow yolk and in its center covering a small cavity sunk, as it were, into the center of the yellow yolk. Now while segmentation occurs in the cicatricula or germ, we notice that the superficial part of the germ segments much more rapidly than the deeper parts, just as the *corresponding ectoderm hemisphere* of the human egg similarly excelled the entoderm hemisphere of the same (Lecture II). We notice, also, that that portion of the nutritive yolk which lies nearest the cavity developes large round granular bodies, resembling segmentation spheres which wander up to and join the germ proper. This shows that before the developement of a circulation the nutritive yolk takes part in the development of the embryo.

In the bony fish the nutritive yolk itself shows indications of segmentation, which rudimentary segmentative power it presumably owes to the then extra-germinal protoplasm surrounding it (Oellacher).

As a whole, we can say that the superficial part of the germ proper segments most rapidly, that the deeper part segments less rapidly and the nutritive yolk feebly and then only owing to the admixture of germ yolk. We perceive here a gradual transition, and from the point of view of activity in the segmentative process the deeper part of the germ merits the title given by van Bambeke, *couche intermédiare*.

Now, since we find, even in the human egg, that one part, the ectoderm, segments more rapidly than the entoderm, and so we shall see further a part of this entoderm is still slower, and very late in joining the embryonic trace, we perceive in the human

egg the homologue of a nutritive yolk. I will add that there are features in the development of the bactracian embryos, which prove my provisional statement that *in eggs without a nutritive yolk, the entoderm, or a portion of it, plays the morphological rôle of such a nutritive yolk.*

What is the rôle of the nutritive yolk? If we watch the development of the chick's germ, we shall see it most clearly. The germ proper, as it continues to grow by the accession of the large elements from the floor of the yolk cavity (Peremeschko) is found to differentiate itself into a central clear area, which forms the future embryo and amnion, and a peripheral darker layer. The former is known as the area pellucida, better *area embryonica*, the latter as the area opaqua better *area vasculosa.*

This latter *vascular* membrane continues extending in expanding circles over the surface of the yellow yolk, covering larger and larger areas of the latter as it so grows, finally passes the equator of the yolk spheroid, and leaving a smaller part of the lower hemisphere uncovered with every day of development finally surrounds it entirely. Thus the yellow yolk has become imprisoned by the developing membranous expansion of the essential yolk or germ. In other words, the yellow yolk of which before the germ proper appeared to the untutored eye an insignificant appendix, has now become an appendix of the germ in appearance, as it has been all along in fact. The vessels contained in the *area vasculosa* travelled with it when the latter surrounded the yolk, and endowed with the power of transporting the yolk material to the embryonic area, they continue reducing the yellow yolk in bulk, in proportion as the embryo requires material. Whatever is added to the embryo, is taken from the yellow yolk, and soon the embryo overlaps the area vasculosa, so that the latter and its contents hang appended to the ventral aspect of the embryo like a bag filled with yolk. The area vasculosa has become the *yolk-sac membrane;* with its yolk contents it constitutes the *yolk*, or *vitelline*, or *umbilical-vesicle.* The pedicle by which it is connected with the intestinal cavity of the embryo is called the *vitelline* duct (ductus omphalomesentericus). It is evident that in all embryos possessing a large yolk, and depending on this yolk for building material, the umbilical sac and its vessels are very important. Now in man (and in all placental mammals) although yolk nutrition is not required to any extent deserving emphasis, yet we find the umbilical vesicle, the vitelline duct and the vessels of these structures developed. Having no physiological importance, and having no permanent structural relations unless exceptionally, as when they form the basis for a certain intestinal deformity known as the *diverticulum ilei*, we must regard them as expressions of that wide-spread homology in embryonic development found to exist between the most different animals, and which, as I shall have repeatedly occasion to refer to, is the strongest basis on which the evolution doctrine rests. I have, before mentioning the existence of structures in the human embryo which seem to have no distinct and special object, thought it best to elucidate the morphological significance of these structures by referring to the case of the chick's embryo, in which their function is clear.

As the human ovum is placed under entirely different circumstances from the chick, shark, trout or tortoise embryos, and while it developes purely as ancestral attributes the same nutritive appendages found in the latter, it requires additional ones to bring it in connection with the maternal organism.

While the meroblastic and amphibian holoblastic egg is, after separating from the Graafian follicle, driven out of the maternal connections entirely (with exceptions to be referred to at a proper time), the mammalian ovum (man) reëstablishes its connections with the maternal tissues.

The nutritive yolk, and other appendages of the chick's egg were furnished it as it passed from the Graafian follicle through the oviduct. The vicarating *primitive chorion* of the human egg had its primordial origin in the Graafian follicle, namely, in those cells of the granular cumulus which, adhering to the outer side of the egg membrane, we shall, in the next lecture, study under the name of a *membrana granulosa*.

NEW YORK, 130 E. 50th street.

Clinical Reports.

A CASE OF SUSPENDED ANIMATION.

BY T. J. REID, M. D.

The editor of the CLINICAL RECORD having requested my notes of a case which has acquired considerable notoriety from reports given to the secular press by relatives of the patient, I herewith transmit them for publication:

W. J. Yost is of medium stature, with a large head; about fifty years old; of temperate habits, except a free use of tobacco, and by profession a lawyer. He had enjoyed good health in the main until last March he was troubled with difficult breathing and great distress about his chest, in his language, as if he "was breathing through a dry sponge," which lasted about six hours. Ten days later he had a second attack very similar to the first, except the addition of a very distressing cough and great pain about the stomach, aggravated by any kind of physical exercise. In the April following his feet began to swell, and by the first to the middle of May thereafter he presented an extreme case of anasarca. During this time he was treated at his home by Dr. J. E. Bronson, who advised tapping. He would not consent, and two unsuccessful attempts were made to produce blisters upon the pendent portions of his inferior extremities. The emplastrum cantharid s was allowed to remain on the inner and posterior portions of the calves of his legs six to nine hours with no perceptible effect. Immediately after removing the second fly plaster a few drops of cold water over the same promptly produced good blisters, which, by vicarious action, drained the entire effusion from the serous cavities until he was gradually relieved to the knees. These secreting ulcers which spread over all the pendent portions of the legs, from an inch or two below the knees to the ankles, have been benign, and spared his life so far. They are still performing their merciful duty, and do not allow any accumulation of fluid above their positions.

They have been extremely painful at times, and took on an electric character of pain for about a week or two before his condition of "suspended animation," as described in the Cairo (Ill.) *Argus*, *Globe-Democrat*, the Jefferson City (Mo.) *Daily Tribune*, and other newspapers. Still, before his arrival at Hot Springs, he states that, as when I first saw him in the latter part of the past summer, his urine was always scanty and high colored; specific gravity 1040. The secretion from the ulcerated extremities was, like the urine, highly acid and caused, all the time, a burning pain, etc. On his arrival I found him suffering with dyspnœa and a very considerable *enlargement of the heart*, causing mitral insufficiency with dilatation and regurgitation; the pulse was intermittent. His general health was very good except occasionally loss of sleep from the pain in his limbs induced by the excessive œdema and the irritative chemical character of the secretion constantly flowing therefrom. Frequent examinations of his urine, which was scanty, high colored, acid, and of a specific gravity ranging in three weeks from 1030 to 1040 and daily quantity not over eight ounces to a pint, showed no albumen, no phosphates, but a large amount of the crystals of uric acid, cystine and confervoid

growths. The secretions from his ulcerated legs developed about the same characteristics as his urine, except an admixture of pus and blood corpuscles.

On November —, I was called in great haste and found Mr. Yost apparently dead; no pulse, no breathing, evidently moribund. A careful examination developed that his body and extremities were warm, pupils contracted and the veins of the extremities unusually full, which would refill very rapidly after removal of pressure. The expression of his features was as if distorted by pain and drawn to one side. I applied a sinapism to the spine, lowered the head below the level of the body, and in a few moments applied electricity—strong current—to cervical and dorsal regions, and practiced artificial respiration for some minutes before signs of life returned. I suppose this indefinite period lasted a half hour or more. The first few times he breathed unassisted, showed his bronchial tubes to be filled with a tough phlegm sufficient to exclude the air almost entirely. I turned him face downward over the side of the bed, which caused him to cough and loosened the viscid mucus so that I could reach and remove it with my fingers. It was so tenacious that it looked as if a rope was being withdrawn from his mouth. After this his respirations rose to four to the minute, which was about seven, P. M., at eight P. M. to six to the minute, at ten P. M. to nine to the minute, and the pulse could be detected at the wrist, but very irregular, failure seeming to depend on regurgitation, which was as constant as the effort of the heart to send the blood to the general circulation. At eleven P. M. the pulse improved and was more distinctly intermittent with a better character of action; this gradually improved, as did his breathing, until four A. M., when his respirations reached fifteen to the minute, his irregular pulse went up to sixty-six to the minute. After eleven P. M., he would swallow anything put into his mouth, and I gave him strong coffee, aromatic spirits of ammonia, and used at the beginning, aqua ammoniæ and nitrite of amyl until it seemed to disturb the natural breathing.

I kept him *continuously agitated*, because whenever we would relax our labor at resuscitation he would instantly cease to breathe and the heart, also, would cease to act. We could not leave off our attendance until his respirations reached fifteen to the minute.

For two days previous to this suspended animation, he was free from pain and did not take medicine of any kind, and never but once did I give him an opiate, and that was two weeks previous to this attack.

His general condition is very much improved. Ulcers still secreting; urine considerably changed, natural in color, specific gravity 1020; no confervoid growths, no excess of uric acid, small amount of cystine still, and quantity about three pints daily. The secretion from ulcers on the limbs contains some laudable pus of late, and much of the ulcerated surfaces of the limbs have healed and the heart has improved so as to exhibit only an intermittent condition without its former evidences of regurgitation. The good result gained in this case is owing to jaborandi and the daily use of the celebrated mineral waters of the Mountain Valley Springs near this place.

I had with me several medical aids, but their prognosis was unfavorable, and they abandoned me to the long and tedious labor alone, and I had no assistance except from a few faithful laymen. I shall always feel proud of this night's work, for I have prolonged, if not saved, a valuable human life. Mr. Yost is a splendid gentleman, a fine humorist, full of anecdote, and relates some amusing incidents of his "crossing the *River Styx*," and return from the "dark Plutonian shore." He says that he hopes to return restored to health to Illinois, to stump the State for his political favorite, and tell his people what a grand reception awaits the latter beyond the

Styx when he has gotten through a presidential term.

I trust my notes of this case may *teach us, in cases of sudden death, not to fail to examine*, and, *at least, to try resuscitation*, if any hope is entertained *that it is or may be suspended animation.*

I sent the two telegrams that brought Mrs. Yost to Hot Springs, and on her return to her home she gave the newspaper account referred to in the editor's letter.

Please accept my congratulations for the valuable medical literature that the CLINICAL RECORD favors us with.

HOT SPRINGS, ARK., Dec. 187[illegible].

NERVOUS AFFECTIONS OF MALARIAL ORIGIN.

BY JOS. L. BAUER, M. D.

In the domain of medical science, so many different manifestations of disease present themselves, that it has become necessary to divide it into specialties, in order that more time and study may be given to particular local disturbances. Notwithstanding all this, many differences of opinion occur, even among specialists, but how much more difficult must it be for the general practitioner to make the finer diagnostic distinctions, when he is compelled to treat all cases in a bulk, and where time and taste can not be consulted. Nervous diseases, especially, demand the closest study and observation; even then, great errors are committed. I have had two cases of the latter class, and must confess that the diagnosis of one could not have been made without the assistance of my friend, the editor of the CLINICAL RECORD.

CASE I: DIFFUSE NEURITIS.—Mrs. T., a German lady, aged twenty-eight, mother of three children, sent for me about five months ago. Upon questioning her, I ascertained that she had been treated for the last three months for a liver trouble. My examination showed the following condition: Skin leucocythæmic, body emaciated, marked œdema about the lids and lower limbs, pulse rapid and weak, tongue anæmic and coated, bowels constipated, moving every three days; complained of severe supraorbital headache and severe lumbar pains, the latter recurring at times when she *expected* her menses; there had been no menses for the last two years; slight leucorrhœa; bearing down pains with occasional ovarian tenderness; urination frequent, no albumen or sugar; lungs and heart normal; liver slightly enlarged and tender; spleen very large, hard and tender. Upon examining uterus with finger and probe, I found almost complete cervical atresia. Fever continually, with short remissions; no appetite and much thirst.

I paid little attention to the uterus and the amenorrhœa, but attacked the malarious manifestations with large doses of quinine; ℥i in twenty-four hours; ungt. hydrarg. cum Belladon. externally over liver and spleen and occasional doses of calomel to relieve bowels. During the treatment, I noticed the appearance of ascites, which was quickly subdued by digitalis, potass. nitras and ol. juniperis. Three weeks had elapsed and the patient was to all intents convalescent. She frequently assisted her maid and gardener and felt that her cure was complete. Nevertheless, I advised her to adhere to her quinine and iron until I deemed it necessary to cease. A week subsequent to her discharge, my patient made a trip of twenty miles in an open spring wagon; she left early on a sleety, windy morning and arrived home during the night. A few days afterwards, being recalled, I made the following discovery: my patient had, what seemed to be, double supraorbital neuritis extending down the left side of neck, shoulders and scapula; vision somewhat dim and the orbits bulged, as it were. Not having any febrile manifestation, I thought that exposure was the

cause of her trouble, and I prescribed valer. ammon., valer. tinct., bromid. potash, hydrate of chloral, morphia and counter irritants. Nothing availed, the condition rapidly grew worse and the woman totally blind. Recurring to the country practitioner's *chimera*, malaria, I returned my patient to her old quinine regimen with the addition of 1-50 of a grain pills of arsenious acid five daily. To my gratification, all symptoms disappeared and my patient entirely is now relieved.

CASE II: POLIOMYELITIS ANTERIOR.—During treatment of the above case, I was called to see a little boy, aged nine years, of seemingly good constitution, whose only complaint was an inability to walk and use his arms. Upon inquiry, it was ascertained that he had been suffering from tertian fever for about one year, most of his attacks being violent. He was fairly intelligent and could write well. It was noticed that his *writing* and motility grew worse simultaneously until I saw him. His examination evinced the following conditions: Face full; skin slightly icteric; tongue coated; appetite good; lungs and heart normal; liver tender; spleen enlarged and tender; bowels regular; urine normal. Whilst undressed, I percussed the spine in its whole length; found some tenderness between fourth and sixth cervical vertebræ, which was confirmed by the aid of a hot sponge; complete anæsthesia of the fingers, decreasing as I proceeded towards the trunk; the same of the feet; frequent nervous tremors; walk unsteady and dragging; would walk a short distance and was caught to prevent falling; could not raise himself when in a sitting or recumbent posture; fingers had lost their grasping qualities owing to anæsthesia.

Believing I had a case of myelitis of some kind from malaria, I put the boy on quinine, belladonna, nux vomica internally, ungt. hydrarg. along the spine and the galvanic current. The pain soon disappeared and motility became somewhat improved, but very slight. Not being satisfied with my treatment, I consulted Dr. Wm. B. Hazard, of St. Louis. He corrected my diagnosis and advised me to exclude nux vomica and ungt. hydrarg. and to add good doses of arsenious acid. The advice was followed, and I am pleased to state that my little patient is improving markedly. The remnant of the disease can be found in slight tremors and some inability to write.

ST. LIBORY, ILL., Nov. 20, 1879.

P. S.—Since writing the above, Dr. W. H. Gibbons, of Petersburg, Ills., informed me of a severe case of chorea in his practice, which had improved materially under arsenious acid treatment.

ON "INGLUVIN" IN OBSTINATE VOMITING.

BY S. T. DAVIS, M. D.

I beg leave to call the attention of yourself and asseciates to a very obstinate case of functional derangement of the stomach in which Ingluvin was used with prompt relief: Was called, June 10, 1879, to see Mrs. E. in consultation with Dr. S. Found patient in bed, pale and nervous, eructating great quantities of gas from the stomach. Bowels constipated, abdomen tympanitic, pulse irregular, palpitation of the heart, temperature normal. Upon inquiry, I found that the patient had been suffering for six weeks in addition to other of her distressing symptoms, vomiting nearly all the food she had taken. She had taken oxalate of cerium, pepsin, lactopeptine, carbo ligni, alkalies, bitter infusions, calomel, and been purged, cupped and blistered. I suggested the use of Ingluvin, in ten-grain doses, every two hours, interdicting fluids as much as possible, and in three days she was better, in two weeks well. It will control the vomiting of pregnancy in five cases out of six, if given in large doses.

LANCASTER, PA., Nov. 1879.

DISPENSARY OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Surgical Clinic of Prof. L. Bauer, M. D.

REPORTED BY J. T. LAREW, M. D.

CASE OF TALIPES EQUINO-VALGUS.

The patient, a child aged two years and a half. When six months old it was affected wth imperfect hemiplegia of the left side. The paralysis came on suddenly, involving the lower extremity to a greater extent than the upper one. During the following six months the use of the limbs was completely restored with the exception of the foot which remained defective. A few months later, the parents noticed that the heel was elevated, that the foot was turned outward, and when the weight of the body rested upon it the arch gave way, presenting a regular flat-foot. Aside from the trouble above named the child has been healthy.

When presented at the clinic the affected foot was found to be partially extended by contraction of the gastrocnemius and soleus muscles and could not be flexed to a right angle with the leg. The tibialis anticus was paralyzed, allowing the obliteration of the plantar arch, and the peroneüs longus and brevis were slightly contracted causing an eversion and rotation outward of the foot. In other words, the condition was a moderate degree of talipes equino-valgus.

Prof. Bauer called the attention of the class to the varied impediments of the foot, and in order to demonstrate the anatomical derangement of the bones, he exhibited a pathological specimen showing the condition in an extreme case of talipes equino-varus, and compared it with the normal relations of the leg and foot.

He stated that talipes varus and valgus are anatomical contrasts. In both, the articulation between the two rows of the tarsal bones is the seat of the deformity. In varus the anterior row glides inward on the posterior, which in old cases may amount to a complete dislocation; the angle of infraction is at the inside of the foot und the span of the arch is consequently increased. In valgus the anterior row glides outward, the scaphoid bone protrudes on the inside, and the angle of infraction is formed on the outer side of the foot. In advanced cases of this variety the plantar arch is completely destroyed and the inner margin of the foot comes in contact with the floor. In other words, in varus, the external margin of the foot is converted into the sole, and in valgus the internal. The contrast extends even to the malleoli, viz: in varus the external malleolus apparently protrudes from the receding tarsal bones, while the internal is embedded in the angle of infraction. In valgus the opposite condition is present. The complication with equinus is the same in both. In both, the structures around the knee-joint are somewhat relaxed and allow rotation of the tibia upon the femur, sometimes the hip-joint is in a similar condition.

The present case is not an excessive form of equino-valgus, and the prognosis is in every way favorable: first, because of the mildness of the deformity; second, because of the marked improvement already taken place in the paralysis of the leg; third, because the remedies we possess are amply sufficient to effect a reformation of the foot.

As to treatment, the question might well be raised as to whether or not it would be advisable to divide the muscles thus contracted and shortened under the influence of central irritation.

Some surgeons, as, for instance, Barwell, suggested extension as a reliable remedy. Prof. Bauer, however, thought that anæsthesia alone could decide the question whether extension would suffice or division of the contracted muscles be necessary. If under anæsthesia the contracted muscles yield to manipulation, extension is indicated, if they resist manipulation, division

is the remedy. In the former case the myolemma, that is the elastic structure of the muscle is at fault, in the latter the essential structure is implicated and in a state of tonic contraction. Sometimes an organic change in the muscular structure may prevail, as, for instance, hypertrophy of the myolemma at the expense of the fibrils. In such a case tenotomy is the only remedy. Division, if resorted to, should be followed by the application of electricity to the paralyzed muscles, massage and passive motion; and, by means of a suitable brace, the foot should be held in a position of moderate flexion. The after treatment may require several months.

At the close of the above remarks the patient was placed under the influence of chloroform. The gastrocnemius and soleus muscles being found in a state of permanent contraction, the tendo Achillis was divided. The peronei muscles offered such slight resistance that their division was deemed unnecessary, at least, at that time.

After the operation the wound was closed with cotton, bandage, and a leather splint bound to the front of the leg and foot in order to keep the latter completely extended so as to approximate the fragments of the severed tendon.

Dr. B. remarked that according to experience the wound in the skin would agglutinate in twelve hours, the wound in the tendon would unite by soft material in eight or ten days, after that time the position of the foot would be changed to progressive flexion with the view to lengthening the intermediate structure uniting the ends of the tendon. In about fourteen days the instrument would be applied to fix the foot in a slightly flexed position.

CASE OF KELOID OVER THE STERNUM.

The patient is a female, aged twenty-two years, tall, well built, well nourished and regular in her habits; aside from her present trouble she enjoys exceptionally good health.

About six years ago, while she was pouring coal oil on the fire, the flame ignited her clothes in front, causing a severe burn of the flesh over the upper two-thirds of the sternum. This injury healed by the ordinary process of cicatrization, and for several months nothing occurred to cause alarm. Then it was noticed that the scar changed color, enlarged and became striated and painful.

She applied to a physician for relief and the cicatrix was removed by the knife, the wound healing by first intention. Soon afterward the same changes appeared in the second cicatrix and she applied to another physician who destroyed it by means of arsenious paste, but as soon as the wound healed the same degeneration of the cicatrix returned. The application of the caustic was thus repeated three times with the same unfavorable results. In February of this year, excision of the cicatrix was repeated by a surgeon of this city, but again the degenerative condition returned.

In the beginning of November, the patient was presented at the surgical clinic of this institution, when the following characteristics of the morbid growth were observed: A longitudinal cicatricial ridge was located over the sternum, extending from the interclavicular notch downward about six and one-half inches, and having a width of about two inches.

It had the appearance of an ordinary cicatrix, with longitudinal and transverse ridges, was pallid in color, and, therefore, in marked contrast with the surrounding structures. Its vascularity was obviously meagre, there being no visible trace of vessels entering or discoloring the morbid tissue. It was firm to the touch and moveable; no marked pain was produced on pressure, nor did the patient complain of any. On each side of this growth, parallel with its longitudinal borders, and separated from them and from each other by healthy integument, were six eminences, each of the size and form of a split pea, said to correspond to the points of entrance and exit of sutures

used in the last operation. These little tumors presented an even surface, pinkish color and, like the principal growth, were both firm to the touch and moveable. There was no enlargement of the neighboring lymphatic glands nor any other evidence that the constitution had suffered in the least.

Prof. Bauer commented on the case as follows: This is a case of keloid of singular interest, not so much in reference to its origin from a burn, which is a rather common causation, but from the fact that it has relapsed six times and withstood both excision and the use of potential cautery.

Keloid growths are not classed among the heterologous tumors; are not self-infectious; nor do they compromise the constitution, and therefore are not deemed cancerous. It must be conceded, however, that our clinical knowledge of keloid is rather imperfect, for it so rarely occurs, that even surgeons of large practice have few opportunities of observing it. Its structure is well understood and recognized as fibrous, with a moderate complement of cells and vessels. According to its structure, it should be a benign, non-recurrent tumor, yet experience decides otherwise. at least in reference to its recurrence.

Some pathologists, as, for instance, Rindfleisch, class it under the head of sarcoma: others present it as a fibrous growth. Surgeons are likewise at issue with reference to treatment. Some prefer temporizing under the impression that keloid never exceeds a certain point when it becomes arrested in its progress; others insist upon its free and deep excision, more particularly when it becomes painful.

Although he (Prof. B.) had seen but few cases of this character, he was inclined to follow Billroth's advice in removing it. Obviously, the growth was of a strictly local character, and hence there was no contraindication to the operation on that score. It should also be borne in mind that the fascia of the chest underlying the tumor is of the same structure as the tumor, and that it may furnish the matrix to the growth, hence its removal might prevent relapse. For this opinion his experience had furnished him some tenable ground.

Sarcomatous tumors growing upon or in the immediate neighborhood of fasciæ had returned in his practice until he had removed the fascial basis, when they ceased to return. Again, the seat of the keloid tumor had its significance, which should be duly considered by the surgeon. It was rather strange that the growth of keloid was more frequent in scars of burns at the very place where this was found, that is, on the front of the chest, and rarely anywhere else. Perhaps the scantiness of vessels over the sternum had something to do with its growth and recurrence.

While admitting that the prognosis in this case was not very encouraging, he thought that by changing the usual mode of procedure a favorable result might be obtained. The following plan of treatment was forecast: He would remove the tumor by excision, including with it a part of the adjoining integument and the subjacent fascia; second, he would cause the wound to heal by granulation and would stimulate the nutrition of the granulating tissue by warm and aromatic fomentations and the occasional application of the tincture of iodine; third, he would institute copious grafting with epidermic cells from other individuals.

The plan of treatment above delineated was begun the middle of November and has since been strictly followed. One month has now elapsed since the operation. The whole surface of the wound is covered with healthy granulations, the discharge of matter is moderate and of healthy character. Notwithstanding the repeated grafting upon different parts of the granulating surface, no cicatrization is noticed except that proceeding from the margins, which

has formed a band of cicatricial tissue one-half inch in width, in appearance healthy, firm and even. As far as can be judged at present, the treatment will answer all expectations.

Translations.

(Translated for the Clinical Record.)

THE BRANCHIAL APPARATUS OF VERTEBRATES AND SOME AFFECTIONS IT GIVES RISE TO IN MAN.—(Thesis by M. Cusset, Laureate of the Lyons Medical School). We condense the following from a review in the *Lyon Médical* of Eebruary 17, 1877:

Believing that embryology alone can explain certain facts in congenital pathology, the author gives a description of the congenital cysts and fistulæ found in man, and divides his work into two parts. In the first, he studies the different phases of development of the face and neck in vertebrates and in man; in the second, he shows the connection, from a pathological point of view, which exists in these regions, sometimes at birth, sometimes later, in man.

In the first part, he describes the branchial apparatus, which exists as a transitory stage, and from which the face and all that part of the neck anterior to the vertebral column are developed. This makes its appearance during the first month of intra-uterine life. As these temporary apparatus will be fully described in Professor Spitzka's admirable series of lectures, we shall be content with an enumeration of the structures which are developed from the four (on each side) branchia and the clefts between them.

The first bronchial arch (temporo-mandibulary) gives rise to the inferior maxillary bone, and to three secondary arches. The first of these forms the superior maxillary and zygoma, the second forms the palatine bone and the external pterygoid apophysis; the third (discovered by Mackel), gives rise to the incus and the malleus. While these processes are taking place from the lateral buds of the branchial apparatus, a median off-shoot develops (the fronto-maxillary) from which the following are developed: the vomer, inter-maxillary bones, and, laterally, the os unguis, nasal and inferior turbinated bones and also a portion of the nasal canal.

The second arch (stylo-hyoid) does not divide like the first, but gives rise directly to the stapes from its superior segment, while the inferior forms the styloid process and the lesser horn of the hyoid bone. Between the first and second arches is found the first branchial cleft, at the expense of which the external auditory meatus, the membrana tympani, the middle ear and the Eustachian tube are formed.

The third arch forms the soft parts of the neck and the hyoid bone; the second branchial cleft is obliterated without leaving any trace of its existence.

The fourth arch gives rise to the cartilages of the larynx; the third and fourth branchial clefts—between the third and fourth arch and between the fourth and the trunk—likewise disappear and leave no traces.

Branchial fistulæ are solutions in the continuity of the soft parts of the neck originating in imperfect obliteration of the branchial clefts. They are simply examples of arrest of development. If the epithelium which covers the branchial clefts should be prevented from being resorbed, their occlusion will be incomplete and there will result an abnormal passage carpeted with a mucous or epidermal membrane. This fistula will be complete or incomplete, blind externally or internally, according to the point at which occlusion fails to take place or the extent to which it occurs. These fistulæ are often hereditary and may follow the opening of a branchial cyst. They are sometimes found on both sides, but are generally unilateral.

In the vast majority of cases the external openings of complete fistulæ are found upon

the antero-lateral parts of the neck, a short distance above the sterno-clavicular articulation. The orifice may be found much higher; generally very small, sometimes it may admit a urethral sound; usually on a level with the skin, it may sometimes be found at the summit of a small red tubercle. The internal opening is generally situated in the lateral wall of the pharynx. It may never be discovered except through the means of a colored injection or by the use of the catheter. It is often spontaneously obliterated. The fistulous tract is usually narrow and crooked; has a wall composed of two layers: a fibrous and epithelial; and may secrete a fluid. Generally, this is clear and limpid, contains epithelial cells, and is increased under certain conditions: cold, menstruation, mastication. Catheterizing this canal may produce very serious reflex disturbances: fainting, respiratory distress, pain, etc.

Blind external fistulæ are like the former variety except that the internal orifice is wanting, but is replaced by a closed sac situated more or less profound, ordinarily near the os hyoides, and generally dilated into a pouch.

Blind internal fistulæ are very rare, their course is generally short, and sometimes they follow the opening of a cyst in the pharynx.

Branchial fistulæ are not dangerous to life, but are frequently difficult to cure, while their treatment is not always devoid of danger. After an examination of all the methods employed, M. Cusset reaches the following conclusions:

First try iodised injections into the fistulous canal, if these do not succeed, Sarazin's method may be used: remove the fistulous tract with the bistoury after having introduced a sound.

Branchial cysts are found in the neck and face. Their pathogenesis, according to M. Régner, is as follows: Some disturbance taking place in embryonic evolution of the branchial clefts, instead of fusion of the entire surfaces of the fissure occurring, the ends only closing, a cutaneous pouch is formed which, presenting all the anatomical and physiological conditions of the normal skin, like it may produce hairs and sebaceous material. On the other hand, athermatous cysts of the neck may be formed when the included portion of the tract is lined with mucous membrane. These contain all the elements of the first variety except hair. These cysts are always situated at the exact points occupied primitively by the branchial clefts. They are quite frequent, and may make their appearance during intra-uterine life or much later—generally at about the age of twenty or twenty-two years the patient places himself under the surgeon's care.

The treatment of these cysts is far from simple. After examining a large number of recorded cases, the author thus criticizes the methods which have been employed thus far:

1. Simple puncture may be employed as a palliative when troublesome symptoms from compression exist. 2. Incision of the sac, by itself, gives no positive results, and may induce prolonged suppuration. 3. *Puncture*, followed by iodised injections, has given some good results, but often fails of attaining the object. 4. Extirpation of the tumor. This should be done with the utmost prudence, in view of the important relations with surrounding tissues: nerves, arteries and veins. In no case should the pouch be cauterized, for fear of provoking inflammation, which may be at first diffuse, or, later, producing adhesions which will interfere with ulterior extirpation.

Cysts of the face are mostly of dermoid texture. They are most frequently situated in the course of the fronto-maxillary fissure, *i. e.*, under the extremity of the eye-brow, at the external angle of the eye, but they may be met with upon the floor of the orbit and in divers other localities. Whatever may be their seat, these cysts always have pedicles which unite them to the skeleton.

Their contents are generally more or less consistent sebaceous materials, and their walls, which have the structure of the skin, present hair, sebaceous glands, and, more rarely, teeth.

The true treatment of these tumors is complete extirpation of the cyst with its pedicle; if the latter cannot be completely removed, it should be thoroughly cauterized in order to prevent relapse or persistence of a fistula.

CONTAGIOUSNESS OF PHTHISIS.—Dr. H. Mollière (*Lyon Médical*, Nov. 23, 1879), in reviewing Musgrave Clay's book on this subject, makes some very pertinent remarks *apropos* of the fact that the alleged contagiousness of phthisis rests mainly upon cases in which wives have appeared to contract the disease from sick husbands, or the reverse, brothers from sisters, etc. "Cohabitation is made to play a great part, *e. g.*, when a wife shares the bed of the patient when he is bathed in profuse perspiration and who spreads around him infected emanations. These cases certainly have a very great value in the present debate; but are they observed only in pulmonary consumption? Do we not see the unfortunates become tuberculous when they give their cares to patients with all other chronic diseases, provided their duration be long and the hygienic conditions under which they are found are somewhat unfavorable? That young women contract the first germs of a chest affection by rising at night to lavish their cares upon their young children? Finally, if phthisis were truly contagious, the sisters of charity, the nurses, the physicians and hospital internes would most certainly be much more frequently affected by this terrible scourge than statistics prove. I will say more, only a very small number among them could escape."

He is not so certain about the possibility of contagion by ingestion of tuberculous products by way of the digestive tract, as has been fully demonstrated for animals, but not yet observed in the human race. He thinks the presumption in favor of its contagiousness in this way is sufficiently strong for public hygiene to take it into serious consideration.

TWO CASES OF PARADOXICAL PULSE.—Meixner (*Prager Viertel Jahrssh.*, 1879) A laborer, aged twenty-seven, was affected with left pleurisy, pericardial effusion with double pulmonary infiltration, presenting great frequency of the pulse without elevation of temperature. At first in the form of attacks (142 per minute), later persistent (136–148 per minute). Besides, during inspiration the radial pulse became not only enfeebled but also entirely disappeared. The autopsy confirmed what had been diagnosticated during life: that the suspension of the radial pulse during inspiration should be attributed to a pleuritic exudation, while the acceleration of the pulse was due to the compression of the left pneumogastric by a caseous lymphatic gland with which it was confounded; the nerve being also flattened and thinned.

In a second patient the paradoxical pulse was produced by left, serous, pleuritic exudation; after paracentisis the paradoxical pulse disappeared to return and disappear again with the return and redisappearance of the pleural effusion; so long as the effusion existed the left radial pulse was also weaker than the right.—*Lyon Médical*, November 23.

TREATMENT OF GOITRE.—Dr. Le Dentu, of the St. Louis Hospital, Paris (*Jour. de Méd. et de Chir. pratiques*, Nov. 1879) has employed interstitial injections of tincture of iodine, the iodo-tannate solution, or of iodide of potassium, several times with success: He introduces into the tumor the needle of a hypodermic syringe, then causes the patient to make movements of deglutition in order to be certain that the needle has penetrated the goître, and then injects from five to thirty drops. Pain and inflammatory swelling, variable in degree, follow

the injection, but suppuration never, at least this is the case when tincture of iodine is used, it has followed the injection of other liquids. After the period of swelling there occurs a stage of contraction during which the treatment may be commenced anew, without danger of favoring renewed inflammation in the part first penetrated. He allows an interval of ten or twelve days between injections. They should be repeated three to six times in solid goitre, and a little oftener in those with fluid contents. In forty-seven cases he has obtained thirty-two cures—in the others there was simple amelioration or relapse.

ESSENTIAL ASCITES,—(Professor Potain, Hôpital Necker, *Jour. de Méd. et de Chir. pratiques*, Oct. 1877) Ascites may show itself in certain cases without it being possible to consider it other than of essential origin. A case was presented of a woman with enlarged abdomen, which dated back a fortnight, during which time she had had considerable fever. Neither the heart nor liver were affected, while the rapid progress of the disease eliminated such causes as tubercle and cancer.

In such cases, in the absence of all other causes, we are obliged to admit a primitive ascites. This sometimes follows a chilling, especially if the belly itself has been exposed to cold. This is observed in drunkards who sleep off the effects of drink extended flat upon the earth. The patient in question is a laundress, consequently she is often exposed to having her abdomen wet. It is true that she has been long exposed to this influence, but it must also be admitted that often in these subjects an unknown modification of the organism may occur which lessens their resistence to continued causes. Her age and general enfeeblement, which is marked, and probably due to her mode of life, may also be involved as causes. However this may be, the prognosis in this form of ascites is much less grave than when it is symptomatic. The effusion may last a long time. At the outset it was a subacute peritonitis, which accounts for the excessive tympanites, and resulting paresis of the intestines. This, with the febrile state, calls for local blood-letting; at a more advanced period, she should be put upon purgatives and diuretics only.

CORVISART'S REPLY TO NAPOLEON.—The Emperor having, for the moment, given up the divorce, but always taken up with the desire for an heir, asked his wife if she would accept one that *belonged to him only*, and feign pregnancy so that everybody should be deceived. She was far from refusing herself to any of his fancies in this regard. Then Bonaparte sent for his physician-in-chief, Corvisart, in whom he had extensive and merited confidence, and confided his project to him. "If I succeed," said he to him, "in assuring myself of the birth of a boy who will be my own son, I wish that, as witness of the confinement of the Empress, you will do everything necessary to give this ruse every appearance of reality." Corvisart found that his honor was compromised by this proposition; he promised inviolable secresy, but refused to lend himself to what was asked of him. It was only a long time afterwards, and since Bonaparte's second marriage, that he confided this anecdote while attesting the legitimate birth of the King of Rome, upon which doubts, entirely unjust, have been thrown.—Mm. de Rémusat, in *Revue des Deux Mondes*.

HYDROPHOBIA TRANSMITTED FROM MAN TO THE RABBIT.—(*Le Progrès Médical*, Nov. 15, 1879) M. Maurice Raynaud communicated to the Paris Academy of Medicine at its session of Nov. 4th, the particulars of a case of this nature. In his service at the Lariboisière hospital, he had a patient with this disease. On the eve of the death of this patient, M. Raynaud conceived the idea of inoculating several rabbits with the saliva and blood of this unfortunate man.

Inoculations with blood gave only negative results; with saliva determined attacks of rabies in a relatively short space of time—a few days. He extirpated the sub-maxillary glands of two rabid rabbits, and with this material inoculated two perfectly healthy animals; the results were equally positive—this was followed, shortly afterward, by manifestations of rabies. Science, thus far, has not recorded a single case of transmission of hydrophobia from man to man. Now, in view of these facts, M. Raynaud cannot avoid the conclusion that the results would be the same if similar inoculations (accidental, of course) should be made in the human subject.

A Consanguineous Marriage.—M. Godet entertained the Medical Society of Rheims (May 21, 1879) with some very interesting facts relative to nine children, the issue of a marriage between an uncle and niece. Two children died at an early age; four are deaf-mutes; one is an epileptic, while two only are healthy.—*Union Méd. et Scientif. du Nord-Est.*, 31 Oct. 1879.

Extracts and Abstracts.

A Remarkeble Case of Talipes Valgus.—Prof. Louis Bauer, M. D., relates the following interesting case in the *Medical Brief:*

An eminent jurist desired my visit to his lame daughter. For reasons of his own, he seemed to be reluctant to answer any questions. All I could ascertain was, that the patient had been an invalid for the last three years, and had used crutches for the last eighteen months; that, although there was no swelling, discoloration, deformity, or any other noticeable morbid change about *her left foot*, she could not use it without insufferable pain. When at rest, the foot gave her no inconvenience, nor had her general health been compromised. A cursory examination disclosed at once the varied symptoms of talipes valgus, to-wit:

1, Moderate attenuation of the leg; 2, loss in the span of the plantar arch; 3, protrusion of the scaphoid bone; 4, rotation of the foot at Chopart's joint (articulation between the first and second row of tarsal bones), with depression of the tibial and an elevation of the fibular margin; 5, eversion of the toes, and 6, contraction of both posterior peronæi.

When these muscles were stretched by an opposite rotation of the foot, the very identical pains at the ankle joint were produced, of which the patient complained whenever the foot was put into use. There were no other morbid changes at or about the ankle joint or foot.

Thus diagnosis and treatment were clearly marked out.

On the next day the tendons of the contracted muscles were divided and the deformity thus corrected.

Immediately after the operation, the young lady was induced to stand on the affected extremity and was able to bear her entire weight upon it. The pain had vanished. A letter from her father, lately received, affirms that she has had no more use for crutches.

This case offers no extraordinary points to me, and I would not have thought it worth publishing, if it was not for the fact that some of the most prominent surgeons of the Mississippi Valley had completely failed in recognizing and relieving so perspicuous a case.

When combined talent and experience fall short, it is to be presumed that the general practitioner would appreciate the relation of a case which has made some stir among the learned and advanced portion of the profession.

"To my thinking" the case could be only one of two conditions. It was either synovitis of the ankle joint, or talipes valgus. In both there may be pain and muscular contraction of the peronæi. In the one it is the result of reflex action excited by the inflammation of the tibio-tarsal articulation; the other is often congenital and mostly the result of central irritation and morbid centripetal innervation.

Synovitis it could not be for the following reasons:

1. There were no symptoms of inflammation of the synovial membrane, to-wit: swelling and distention of the joint by effusion, and

2. The pain was not permanent, absent in rest and present when the foot had to bear part of the weight of the body.

Osteomyelitis of the tarsal bones and bones of the leg it could not be, since a duration of three years had failed to effect any disintegration, suppuration, caries or other changes of the individual bones.

Then by exclusion, it was a case of genuine, probably congenital talipes valgus.

It might be averred, that in such an instance the effects of talipes should have manifested themselves at an earlier age. My answer is: not necessarily. A moderate degree of that deformity may exist for years without any serious trouble, provided the patient is not very tall and heavy in weight, or is obliged to lift heavy objects. Now the young lady had of late grown very tall and fleshy; her weight, although but fourteen years of age, had risen to one hundred and thirty pounds. This alone would furnish a sufficient cause to aggravate her trouble. Thus cause and effect are obvious.

A careful logical reasoning should have led to a correct diagnosis. But supposing inflammation had been recognized, the treatment would not have deviated materially. The acknowledged therapeutical rule would have been *to immobilize the joint in an appropriate position*, and *to dispose of existing muscular opposition*. Whether the muscular contraction was reflex or centripetal was of no material weight. The contracted muscles had to be cut in order to reduce the deformity. While it prevailed, the limb was of no use, since the corporeal weight alighted in a prejudicial direction upon the skeleton of the foot and caused a painful stretch of the contracted muscles.

The tenotomy, the most important measure of relief, was neglected, and hence the failure.

I will not reiterate here all the mistakes made in the treatment of the young lady, nor will I set myself up in judgment of my confrères; but this I can say in honest candor, that the moral courage has never failed me to peremptorily decline the treatment of any case, unless I have a diagnosis at the foundation of my surgical action.

Cerebral Syphilis.—Dr. L. E. Atkinson, of Baltimore, relates (*Virginia Med. Monthly*, Dec. 1879) three interesting cases of cerebral disease of syphilitic origin. We have space for his conclusions only: It will be universally recognized that not one of the symptoms of brain disease observed in these patients, presented a feature which could, in any special sense, be termed syphilitic, which could not, equally well, be produced by a non-syphilitic malady. At the same time, they show that widely different morbid conditions may arise from the same source, and that this source, probably more than any other in the pathology of these affections, is within the influence of our art. And it daily happens, that their true nature remains unrecognized, and patients drift into suffering, helplessness, imbecility and death, when the timely and judicious administration of mercury and potassium or sodium iodide could have saved them to life and usefulness. And let it not be forgotten, that if we are to cure these patients, it must be while the *specific* processes are developing or in full activity, while the membrane is hyperæmic and beginning to thicken, the gumma forming, the artery narrowing, and not after the essential parts have been destroyed or crowded out by the unwelcome stranger.

Usually, it is not difficult to recognize the presence of syphilis in these stages, in view of the curious combinations of symptoms displayed; and it is incumbent upon us not to be unmindful of the possibility of a syphilitic origin of any given case so that timely advantage of a proper diagnosis may be taken.

The treatment of cerebral syphilis, then, consists in the treatment of processes essentially syphilitic; and it must be kept in mind, that, apart from these, the results of syphilitic disease of the brain are identical with those of various other affections; they are the indelible traces of a battle that has, may be, long since been fought.

The Different Iodides do not have the same anti-syphilitic powers as we might infer from the teaching of Prof. Atkinson, quoted above. The iodide of sodium, in our opinion, has but very feeble influence in this direction—in fact, we have come to regard it as practically inert. It is very probable that a large proportion of the effects attributable to the potassium salt is due to the well-known solvent action of the base.

A few years since we saw the ill effects—we should say the absence of effect of any kind—of the sodium compound strikingly demonstrated. A young man had epileptic

seizures and hemiplegia following constitutional syphilis. He was kept upon iodide of sodium for many months in spite of the protests of the writer, simply because of the stupid obstinacy of his medical attendant. The attacks of eclampsia returned again and again, and no improvement took place in his paralysis other than might have been expected to occur without treatment. Finally, as the result of a conference with a prominent Eastern asylum superintendent, the physician in charge was made to see the error of his ways and adopt the proper mode of treatment with large doses of the potassium salt with mercury. But the *active* period of the affection had passed by and permanent structural lesions had become established, hence the change of treatment was followed by very imperfect recovery and the unfortunate patient is a hopeless hemiplegic.

The fact that other combinations of iodine have no anti-syphilitic properties should make us extremely careful about abandoning the iodide of potassium in the treatment of any given case, and trusting to the sodium preparation. Such a procedure is an experiment which we have no right to make in the treatment of so serious an affection as cerebral syphilis.

LEPROSY.—Dr. Henry Gibbons, Sr., President of the California State Board of Health and senior editor of the *Pacific Med. and Surg. Jour.*, gives his views upon the question of the probability of our country being invaded by leprosy, in the November number of his excellent journal:

"There is not, nor has there ever been, the least reason to fear its diffusion among our people. Unwisely, if not dishonestly, efforts have been made from time to time to alarm the public mind with the idea that we are in danger of an invasion of the disease through the Chinese immigration. The President of the State Board of Health has received, from intelligent persons in the Atlantic States, earnest inquiries whether our nation is likely to be inundated with the plague of leprosy, as might be inferred from certain statements published in California. Whatever may have been the loathsome and dangerous character of the disease in ages long gone by, it has lost its terrors in modern times. The best authorities all over the world agree that it is not contagious or communicable under any ordinary circumstances, and that it is propagated only by inheritance. In fact, it appears to have been dying out during the last centuries, and is now scarcely known, except sporadically in a few countries, and as an endemic in some isolated localities. From the settlement of California, thirty years ago, and the immigration of the Chinese at the same period, individual cases have been observed among the latter. But no disposition of the disease to extend itself has been manifested, and it is a question whether a single case of genuine leprosy has been known in a Caucasian subject during that time. Certainly there is no proof that any white person has contracted the disease from a Chinese leper. * * * * * As far as regards the Caucasian population, leprosy is a mere phantom."

CONGENITAL ABSENCE OF RECTUM.—Dr. A. L. Carroll, of New Brighton, N. Y., (New York *Med. Record*), reports the case of a male infant in whom the rectum was entirely absent. Dr. C. introduced a trocar, pushing it along the line normally occupied by the gut, to the depth of three and seven-eighths inches, when the cavity of the bowel was reached. There was no chance of drawing the intestinal pouch down to the anus, hence he only hoped to maintain and dilate the sinus he had thus formed. The operation was performed on Nov. 23, 1878, and the case seemed to progress fairly well until Jan. 3, 1879. The advent of severe cold weather seemed to have caused the fatal termination. After discussing the question of malformations of the rectum, he reaches the following conclusions regarding the treatment and prognosis:

1. In congenital malformations of the rectum, exploration from the perineum should always be first essayed, and by preference, with the trocar. If the occlusion consist of a simple membranous septum, it need only be incised crucially with a probe-pointed bistoury. If the intestinal pouch be sufficienly near to the surface, the track of the trocar should be enlarged by the knife, and an endeavor made to bring the mucous lining down to the external wound. If, however, the interruption of

continuity be too great for this proceeding, we should be content with dilatation of the fistulous passage, although with small chance of prolonging life beyond a few weeks.

2. I case of failure to find the bowel with the trocar, a forlorn hope may be sought in colotomy. And here, in view of the probability that the arrest of development has occurred at an early stage, I should choose the right lumbar region as the site of operation.

3. Where the deficiency of the rectum involves a considerable part of its course, the prognosis is almost hopeless, whatever method of operating be adopted.

Dr. Hartshorne's case, reported in the last number of the CLINICAL RECORD, does not appear to confirm all of the above propositions.

CONSUMPTION CURED(?)—Professor Rokitansky, the younger, has astonished the nedical world with the statement that benzoate of soda, given by inhalation, will cure this disease. We copy from the Cincinnati *Lancet and Clinic* the directions for its use given by Dr. Kroczak, of Innsbrück: "We use one part of benzoate of soda in a five per cent. solution, twice daily, to the thousand of the body-weight, by means of a good atomizer, for seven weeks without interruption. With it we enjoin the use of abundant satisfaction of the rapidly returning appetite with meat diet, fresh air, and abstention from all debilitating causes." It will be well to wait for further trials of this much-vaunted remedy before ordering it in any excessively large quantity.

A CRANIAL SEQUESTRUM.—(*London Lancet*) A sequestrum, consisting of the two parietal bones with portions of the frontal and occipital bones, was recently shown to the Academy of Medicine by M. Benea. The boy from whose head these bones were obtained always had a peculiar, if not pathological profoundness of sleep. At night neither noise nor blows would awake him. One evening he was left alone in the house. When his parents returned they found the boy on the floor, his head in the fire, and fast asleep. His cap and hair were burned, and also a large portion of the scalp. He was put to bed still fast asleep. The boy awoke in the morning and went to the mountains to attend sheep, as usual. Six weeks after the burn, a large slough separated, exposed the cranial vault, and pleased the boy much, as it enabled him to carry bundles of sticks on his head without being hurt by the thorns. Six months later a large piece of bone came away, a portion only being preserved. Oiled linen was applied under the cap, and a year after the accident the entire wound was granulating nicely. At one time pulsations syncronous with the pulse of the wrist were observed, but afterwards they could not be detected. Hence, it is not improbable a new bony covering has formed. The wound is imperfectly cicatrized and will probably soon heal. The boy is now well otherwise, and eleven years old. The accident happened three years ago.

ALLIGATOR OIL.—(Philadelphla *Med. & Surg. Reporter*). Years ago alligator oil was obtained in large quantities in Florida, and was used generally for burning and lubricating purposes. The fat is principally found on the tail and around the intestines. An East India physician states that crocodile oil, which is probably substantially the same, contains a larger proportion of solid fat than either the neat's-foot or cod-liver and other fish oils. It solidifies at the melting point of ice, while neat's-foot oil only slightly thickens, and the others scarcely thicken. He also tried the softening quality of the various animal oils on leather, and in comparison found the leather treated with crocodile oil remained much stiffer than that treated with other animal oils. Whether there is any dietetic or medicinal use of alligator oil we have not heard.

TREATMENT OF PURULENT OTITIS.—(*Gazette Hebdomadaire*) A round piece of wicking may be used to cleanse the ear instead of a syringe. It may be introduced by the patient himself. A gentle rotary motion will carry it to the bottom of the meatus, where it quickly absorbs the pus. This is to be repeated until the ear is cleansed, and a piece is left *in situ*. It may be medicated with an alkaline solution or with salt water.

NITRITE OF AMYL IN POST-PARTUM HEMORRHAGE has been used with most satisfactory results by Elias W. Kern, M. B. (*Brit. Med. Journal*, Nov. 1, 1879). The patient was in collapse when the nitrite was given by inhalation. The hemorrhage ceased at once and permanently, and the patient was restored.—*Archives of Medicine.*

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - DEC., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

WAS IT A MISTAKE, OR A WILLFUL SLANDER?

The following are the facts in the case; every *gentleman* is able to form his own conclusions:

In the Louisville *Medical News* for September 20, there appeared in a letter from Dr. L. P. Yandell, then in Paris, an attack upon Dr. Hammond so thinly disguised that no physician could be ignorant of the fact that it was intended for him. It charged an offense upon him of such a nature that every gentleman instinctively shrinks from its imputation. It alleged that he had taken several wood-cuts and descriptions from Professor Charcot and had printed them in his book on Diseases of the Nervous System as his own; making him out, in fact, to be one of the vilest of all offenders—a literary thief. It was furthermore stated that this charge was made by Prof. Charcott himself in a conversation with Dr. Yandell, and that a "distinguished American confrère" had supported the allegation.

Immediately on reading the communication in question, Dr. Hammond wrote the following letter to Prof. Charcot, and within a moderate time received the answer, of which we print a literal translation.* It will be seen that Prof. Charcot is very emphatic in his denial of Dr. Yandell's assertion, and highly appreciative of Dr. Hammond's work, but at the same time, we think is too lenient towards the person who had betrayed him. For if Prof. Charcot had said what he was alleged to have said, no one can doubt the shocking impropriety of its publication. This is not a matter which rests between Professor Charcot and Dr. Yandell—it is one in which every gentleman is interested.

* The letter and answer we transcribe from the *Hospital Gazette* of a recent date.

DR. HAMMOND TO DR. CHARCOT.

43 WEST 54TH STREET.
NEW YORK, Oct. 1, 1879.

SIR:—In a letter to the Louisville *Medical News* of September 20, 1879, from one of its editors, Dr. L. P. Yandell, dated Paris, August 29, '79, I find the following statement:

"Professor Charcot showed a number of crayons and photographs of rare cases of hysterical epilepsy and other neuroses, and he said one of your countrymen, in a work upon diseases of the nervous system reproduces these in his book, and with my description, but he forgot to mention that they were mine."

The writer then goes on to give his opinion of the "countryman" who has done this thing, in which it is difficult to say whether his ignorance or his malignity predominates.

Now, so far as I am aware, no American author other than myself has reproduced your representations of certain hysterical conditions, and I am forced, therefore, to the conclusion that the language attributed to you had reference to me.

If you did make these remarks allow me to observe that you said what was not true, and not only that, but that you committed a social outrage for which there is no excuse. If, however, as I strongly suspect, you did not express yourself in the way in which you are reported to have spoken, you, equally with me, are interested in exposing the malicious intermeddler who has distorted your expressions.

I write, therefore, to request of you an authoritative declaration on the subject.

In the meantime it may not be out of place for me to ask your atteution to certain facts bearing upon the point at issue.

On referring to the "List of Illustrations" in my "Treatise on Diseases of the

Nervous System," New York, 1876, page 13, you will find that due credit has been given you for every illustration taken from your works. Those to which reference is made in the language you are reported to have used are 97, 98, 101, 104, 105 and 106.

Now, not satisfied with giving credit to you in the proper place as author of the illustrations referred to, I have, in the letter-press, spoken of them as follows:

Fig. 97, page 728, "Charcot cites an instance in which a woman aged fifty-five was seized eighteen years previously with a hysterical paroxysm followed by paraplegia and contraction. The extensors and abductors, as will be seen from the accompanying wood-cut (Fig. 97), are the muscles mainly affected."

Fig. 98, page 744, "A still more remarkable case is given by M. Charcot. The patient, a woman, had been for at least four years the subject of contraction of one of the lower extremities, as shown in the wood-cut, (Fig. 98)."

Fig. 101. This figure I have taken from M. Bourneville and have credited it to him (*Louise Lateau*, etc., Paris, 1875, p. 13), both in the "List of Illustrations," and on page 759. It may, however, be yours, as the case occurred in the Salpétrière; but, if so, I respectfully submit that it is with M. Bourneville you should find fault, and not with me.

Figs. 104 and 105. In reference to these illustrations I say (page 768):

"No one has written with greater effect in regard to the manifestations of hysteria and hystero-epilepsy than Charcot, and I cite from him the following instance: [*Leçons sur les maladies du système nerveux faites à la Salpétrière*, Paris, 1872–73, p. 301 et seq. (foot-note),] already referred to in another connection under the head of ecstasy."

Fig. 106, p. 771, "In further illustration of the period of contortions in her case I take from M. Bourneville's excellent monograph the accompanying wood-cut (Fig. 106), made from a sketch taken on the spot by M. Charcot."

It, therefore, appears to me, and I think every unprejudiced person will agree with me, that in all these instances (and the same is true of every other that occurs in my work) I have given all proper credit. Certainly as much as you have given to M. Meynert and to M. Duret for the cuts you have taken from them and inserted in your valuable "*Leçons sur les localisations*," etc., and more than you have awarded to M. Ecker, whose figures 2, 3 and 4 you have transformed (without other alterations) into Figs. 12, 13 and 14, without, so far as I can find, a word of acknowledgment.

I shall await your answer with interest, and am, in the meantime, very respectfully,

Your obedient servant,

WILLIAM A. HAMMOND.

PROF. J. M. CHARCOT.

DR. CHARCOT TO DR. HAMMOND.

[Translation.]

PARIS, November 9, 1879.

Sir and Very Honored Colleague:

I have the honor to inform you that I have addressed to Professor Yandell, a letter, which I have requested him to publish as soon as possible in the Louisville *Medical News*, and you will find there, I hope, all the explanations you can desire relative to the regrettable incident you have brought to my knowledge.

But while awaiting the publication of that letter, I desire to say to you, honored colleague, that I never had the idea of complaining of the, to me, very honorable use you made of my "*Leçons sur les maladies du système nerveux.*" I have known too well your very estimable work, which I have read and reread before it was translated into French, not to be aware that all the plates and figures which are there reproduced from my "*Leçons sur les maladies du système nerveux*" are in the text very exactly attributed by you to their proper origin. If, therefore, our very honored colleague, Professor Yandell, has understood me to express a contrary opinion when I had the opportunity of exchanging a few words with him of which I have not retained the exact recollection, it must be ascribed to a misunderstanding for which I must blame myself, and which is doubtless due to my imperfect knowledge of the English language.

I beg you sir, and very honored colleague, to believe in the sincere esteem in which I hold your writings and to accept the assurance of my most distinguished consideration.

CHARCOT.

PARIS, 17 Quai Malaquais.

But this is not all; on Dr. Yandell's return to America, he had the slander reprinted in the New York *Sun*, under the heading: "Dr. William A. Hammond Accused of Outrageous Plagiarism." This

publication was promptly met by a letter from Dr. Hammond, which appeared in the *Sun* of the following day. A copy of the *Sun* was sent to Dr. Yandell—then, probably getting alarmed, he wrote to Professor Charcot on the subject.

Now, for the beginning of the end (for we understand that the *end* has not yet come). In the Louisville *Medical News*, of Nov. 29, are published a card from Dr. Yandell and a letter from Prof. Charcot. In the former the offending paragraph is simply withdrawn in compliance with Prof. Charcot's declaration, without a word of regret or apology for the outrageous violation of decorum and social and professional ethics committed. In the latter, Professor Charcot is even more outspoken than in his letter to Dr. Hammond. Among other things, he says:

"I may have told you, because that is exact, that several of the plates which appear in my Lectures on the Diseases of the Nervous System appear likewise in the work on the same subject by Dr. Hammond; but it would have become me very ill to complain of these legitimate loans. Indeed in his book Prof. Hammond has not failed to acknowledge, and to point out, generally very explicitly, the source whence came the plates in question. That is a fact which I had been able to establish formerly, which I have just verified anew by an examination *ad hoc*, and of which you can easily convince yourself if you will kindly turn, for instance, to figures 77, 78, 87, 88, 97, 98, 101, 104, 105, and 106 on the plate page 640 of the sixth edition of the treatise of Dr. Hammond (New York, 1876), as well as to the explanations in the text relating to them. These, much esteemed and dear colleague, are the facts in the case. I should feel very grateful to you personally if you would be pleased to make them plain by publishing the present declaration in one of the next numbers of your estimable journal; for it has become very important that, as far as the point at issue is concerned, entire justice be done to Professor Hammond."

Prof. Chhrcot is charitable enough to ascribe Dr. Yandell's misunderstanding(!) to his own imperfect knowledge of the English tongue. But as Dr. Yandell has specially called attention to Prof. Charcot's thorough acquaintance with that language, we might probably seek with more success for another reason, in which the "distinguished American confrère"* is not altogether uninterested.

As it is, we do not recall another instance of a baseless slander of the kind in the whole range of American medical journalism, and we hope it will be long before the like comes under our notice.

AN SERIOUS DILEMMA.

We find the following singular production in the *Republican* of Nov. 10. It is a letter addressed to A. N. Merrick, Esq., counsel for the homicidal lunatic, Redemeir, whose case was briefly related in the last number of this journal:

ST. LOUIS, Dec. 8, '79.

DEAR SIR:—I see in an article of the November number of the St. Louis CLINICAL RECORD, by Dr. Hazard, of this city, that Redemeier has had some epileptic seizures since his incarceration. If such be the case then I feel in duty bound to do all I can for him, as I fully agree with the writer of that article that to hang him under such circumstances would be a judicial murder. I therefore desire to do all that is in my power to do away with the effects of my testimony which was given while laboring under the influence of very different impressions as regarded his responsibility at the time the homicide was committed. The existence of epilepsy in his case would be, to my mind, most conclusive evidence of the best of reasons for his entire acquittal. I will, therefore, be most happy to do anything in his behalf that you will indicate, even, if necessary, to visit Jefferson City and interview the Governor in his interest. I am always willing to rectify any errors into which I may fall. You

* Dr. Lewis A. Sayre was with Dr. Yandell in Paris, and "distinguished" himself by characteristic conduct (oaths both loud and deep) in one of the Parisian hospitals, if we are to believe his faithful Boswell. *Vide* Dr. Y.'s Paris letter, *News*, Sept. 27th. Perhaps we are not far from the truth if we take the celebrated clitoridictomist for the "distinguished American confrere" referred to.

well know we are all fallible. Call on me, if you please, any afternoon between three and five P. M., so that I may ascertain your views as what measures I had better resort to in Redemeier's behalf.

Yours respectfully,

J. K. BAUDUY,

2808 Olive street.

It will be observed that the writer of this curious letter takes particular pains to advertise his location as well as his office hours. This is a good business "dodge," even if it were not coupled with an affectation of high moral sentiments that is certainly very edifying. At the same time he implies one of two things: He either confesses that he gave a positive opinion against the unfortunate prisoner *without investigating the case*, or that he set aside important evidence to which he should have given great weight under improper influences.

It should be most clearly understood that the expert has no right to allow himself to be influenced by any personal interest he may have in the attorney for or against the prisoner. He must thoroughly investigate the case and be guided solely by the *facts presented*. In a criminal case especially, in which the liberty or even the life of a fellow being is at stake, the physician who permits the paltry fees that he expects to obtain for personal services to an attorney to swerve him from the path of scientific truth, is no expert; he is a wretched parody on what a *man* should be.

The Court of Appeals, which relied upon the testimony of this so-called expert in framing its opinion refusing Redemeir a new trial and demanding his speedy execution, is likewise placed in an unenviable position by this remarkable "change of heart" on the part of the chief witness for the prosecution.

Expert testimony and the opinions of scientific men generally are thus brought into disrepute. It will take several generations of *scientific* men to undo the damage thus inflicted through the weakness and vascillation of one member of the medical profession.

LACTOPEPTINE.—Believing, as we do, that in this combination of digestive ferments we have a most powerful and, at the same time, harmless remedy for indigestion, we offer no apology for again directing attention to its claims for professional favor. It is pleasant to the taste, producesno disgust by the appearance that it presents to the eye, and hence can be given to young children and delicate invalids without the slightest difficulty. The proper dose is small in bulk, while every sample that we have examined (and they have been many in number) has been of the same uniform appearance and efficiency of action.

Dyspepsia has been termed "the American disease *par excellence*," but it is surely deprived of most of its terrors when it is known everywhere that in this agent we have a weapon upon which we can rely with almost certainty to meet the most annoying and painful of its symptoms.

Functional troubles of the stomach and bowels are overcome with more certainty, with greater promptitude, and in larger number with Lactopeptine than by any combination with which we are acquainted. Of course, it is no "cure-all," no specific for "all the ills that flesh is heir to," nor for all the derangements of the alimentary tract. Such a claim would be absurd. However, as an aid to digestion, an assistant to proper assimilation, we consider it simply invaluable.

AN OLD CONFDENCE GAME, such as frequently comes under the notice of the police authorities, is exposed in the November number of the St. Louis *Med. and Surg. Journal*. A feeble attempt at medical journalism was initiated about a year ago by certain "little big men" of this city. They assessed themselves and all the good, confiding, honest members of the profession they could wheedle into their little game, and raised enough money to keep the mon-

strosity in apparent life for one year. As the time approaches for a second year to begin, the managers find their exchequer in a desperate condition. They hit upon the old plan of electing more members—men who are ignorant of the wiles of the great city, innocents both far and near—in Missouri and beyond our borders—are elected members of this "association," without being first consulted upon the subject, or their wishes ascertained in any way. These are then informed of the honor(?) that has thus been thrust upon them, and at the same time are acquainted with the cheering information that they will be kicked out of this "honorable association" unless they immediately take at least twenty-five dollars' worth of stock in the concern.

It is the old story of the political "bummers" who are supposed "to have influence," etc., who fatten themselves on the spoils wrung from anxious would-be candidates before every great election. There are always plenty of geese to be plucked by such rascals, and we shall watch with interest for the names of new stockholders in the medico-political "association" referred to. If any reader of the CLINICAL RECORD is wheedled into thus parting with his money, we shall have no pity for him.

HYPOCRISY UNMASKED.—One of our city contemporaries pretends to give proceedings of the Southeast Missouri Medical Association, in its November issue. That "pretense" is the expression to use in this connection is proven by the fact that the resolutions endorsing the higher standard of medical education and some of the colleges which have adopted it *are omitted*. The unblushing hypocrisy of this pretended scientific publication is easily appreciated when it is remembered that the principle pretext for commencing the publication of the journal in question was the impudent assertion that the medical monthlies already in existence did not do enough to further the needed improvements in medical education! The donkey-like stupidity of such action as this which we record is certainly unparalleled.

MESSRS. REED & CARNRICK, of New York, have favored us with a number of samples of their "Maltine." These preparations are very elegant in appearance and agreeable to the taste. We have placed the specimens furnished us in the hands of competent gentlemen who will test their virtues and report thereon through these columns. We understand that the demand for the "Maltine" preparations is very large and constantly increasing.

Book Notices and Reviews.

A TREATISE ON HYGIENE AND PUBLIC HEALTH. Edited by Albert H. Buck, M. D., American Editor of Ziemssen's Cyclopædia of the Practice of Medicine; Instructor in Otology in the College of Physicians and Surgeons, New York; Aural Surgeon to the N. Y. Eye and Ear Infirmery. 8vo. Vol. I, pp. 892—Vol. II, pp. 657. New York: William Wood & Co. 1879. St. Louis: C. C. Pease, General Agent. Cloth, $10; sheep, $12.

When Messrs. Wood & Co. undertook the publication of Ziemssen's magnificent Cyclopædia of the Practice of Medicine, it was found that the first volume of the original work, devoted to State Medicine and Public Hygiene, was not adapted to the wants of the American profession. This volume was, therefore, omitted from the translation, and it was proposed to issue a supplementary work on the same class of subjects by American writers and calculated to meet the demands of the American physician. The two volumes now presented are designed to, and actually do, meet the requirements specified. As the subjects discussed are such as to command a large support from non-medical readers, these volumes are published separate from the Cyclopædia proper, as well as in connection

with it, of which they form Volumes XVIII and XIX.

We have delayed our notice in order to give the work a very careful examination, and that no undue enthusiasm should characterize what we should have to say in relation thereto.

The first volume contains an Introduction to the entire work by Surgeon John S. Billings, of the United States Army. This includes prefatory remarks, a general discussion of the causes of disease, and of the Jurisprudence of Hygiene. No one is more familiar with the subjects treated of, or more competent to write a calm and philosophical essay upon them than the eminent surgeon named. His discussion of the different theories of the causes of disease is marked by the characteristics above referred to. The germ theory and Listerism are provisionally accepted. In the latter portion of his paper, Dr. Billings labors very assiduously to establish sanitary legislation upon a firm basis, but is compelled to admit that there are many things with reference to the public health that legislation can not meddle with. The qualifications for the position of health officer, as given by Dr. Billings, are so beautifully exemplified in our St. Louis official that we really are unable to refrain from citing them:

"The branches of medical knowledge with which it is most desirable that the health officer should be familiar are not those most nearly related to therapeutics, and the most distinguished practitioner of a neighborhood may not be by any means the person best qualified for a sanitary appointment, although tact and good sense are equally necessary for both.

But the health officer should be a good diagnostician and pathologist; he should be thoroughly qualified to fill the position of coroner, and probably it would in most cases be best to merge the duties of that office with his own" (page 54).

How the best men for positions in the sanitary departments of cities are *not* to be selected, may be gathered from the following sentences (page 45):

"Neither election by the people nor appointment by municipal authorities has been found to give uniformly good results. What the results may be are shown in the case of New York City. 'Men elected by party caucuses were treated as competent to administer the science of health and to solve the problems of sanitary precaution. Health wardens and other officers were allowed to be selected and salaried without limit by the city aldermen and conncilmen. It is no wonder that the exercise of sanitary authority soon become a greater peril than miasma and contagion; that political doctors become the agents of partisan and mercenary city officials; that a mayor of New York, by no means scrupulous or timid, did not dare, for a whole term, to even call a meeting of the New York Board of Health; that of the forty-eight health wardens and assistants, more than one-half were keepers of corner groggeries, and the other half were partisan repeaters and bullies; that nearly the whole sanitary force of the city was, for utility, worse than a sham, and was, in reality, a scandal and a peril to a civilized community.'"

We shall endeavor to keep our own official within due bounds, and thus prevent such a condition of affairs as has prevailed in New York. As our author remarks (page 63): "Those who are charged with the care of the public health are responsible, not only for possessing existing knowledge, but for the increase of knowledge; and they may never 'rest and be thankful, for the ancient Sphynx meets them at every turn, and her demand never ceases: Read me my riddle, O! man, and I will be thy slave; neglect it, or fail, and thou shalt surely be doomed.'"

Part I.—Individual Hygiene, begins with a very valuable and readable paper by Dr. A. Jacobi, of New York, on Infant Hygiene. The sections given to infant feeding are especially good. A short addendum on the age of scnooling might very well have been omitted, as the hygiene of school life is treated of at greater length in the second volume.

The subjects of Food and Drink are concisely treated of by Prof. James Tyson, of

Philadelphia. The latter sections, on certain conditions and diseases resulting from the use of defective, deficient, excessive, or diseased food, are written in the author's best style, and are very instructive, especially to the general reader.

Prof. Wm. R. Nichols, of Boston, contributes an article, covering about one hundred pages, on Drinking-Water and Public Water-Supplies. The main portion of the paper is of especial interest to those public servants whose duty it is to provide our cities with water, while the section on the Sanitary Examination of Water is valuable to every man who values his health and that of his family. It is evident, however, that much remains to be accomplisned before we can place implicit faith in the statements of the ordinary sanitary chemist as to the amount of organic matter present in a given specimen of drinking-water and the nature of the contaminating substances.

Physical exercise is treated of in a very pleasing and instructive manner by Dr. A. Brayton Ball, of New York City. The dangers awaiting the "go-as-you-please" pedestrian maniacs are pointed out, as well as those incurred by those who leave off training of any form too suddenly and completely.

Dr. A. Van Harlingen, of Philadelphia, is well known as a very competent dermatologist, hence we are not surprised at finding his contribution, on the Care of the Person, to be very well written and full of sensible suggestions. We are somewhat at a loss to account for his omission to describe Dr. C. E. Michel's method of removing superfluous hair. Dr. Michel's article appeared in the CLINICAL RECORD for October, 1875:

Part II.—HABITATIONS, opens with a long and exhaustive paper on Soil and Water, by Dr. W. H. Ford, president of the Philadelphia Board of Health. The great importance of this paper will be understood when it is stated that all the questions connected with drainage, and the pollution of the soil by excreta and interments, the removal of these sources of defilement and those diseases connected with such conditions of the soil as are thus caused, are considered within its limits. To the architect and the sanitary engineer this portion, with the one following, will be found of very great value.

The Atmosphere, an article contributed by Dr. D. F. Lincoln, of Boston, of course is largely taken up with the subject of ventillation. The subject of the heating of dwellings is very carefully considered and the best forms of warming apparatus described. It is one of the best chapters in the work.

An essay on the General Principles of Hospital Construction, by Dr. F. H. Brown, of Boston, closes the first volume. This article is essential to the completeness of the work, but of value only to the executive officers of large cities and of the War and Treasury departments. It contains little of interest to the ordinary reader, lay or professional.

Part I, of the second volume (Occupation) begins with a well-written chapter on the Hygiene of Occupation. This delineates the dangers incidental to the various trades and the methods of reducing them to a minimum.

The Hygiene of Camps, by Assistant Surgeon Charles Smart, of the United States Army, is very good, but of little interest to those not in military service or expecting to become connected therewith. The same may be said of the next paper, on the Hygiene of the Naval and Merchant Marine, by Dr. T. J. Turner, Medical Director of the United States Navy, and member of the National Board of Health. These articles, with that on Hospital Construction, render the work indispensable to medical officers of the Army, Navy and Marine Hospital Service.

The article on Hygiene of Coal Mines, by Henry C. Sheafer, coal editor of the *Miner's Journal*, is one of great interest to

the thousands of persons connected with this great industry. The ventilation and lighting of coal mines, naturally, comes in for a good share of the author's attention.

The Hygiene of Metal Mines, by Rossiter W. Raymond, editor of the *Engineering and Mining Journal*, of New York, is of a similar degree of importance.

Part II.—Public Health—opens with a paper on Infant Mortality, by Dr. Thomas B, Curtis, of Boston. In this paper the author goes over much of the ground already occupied by Dr. Jacobi in the first volume. He accepts Parrot's "new disease," athrepsia, which seems to be a younger member of the scrofulosis family. In other words, like scrofula, it is simply a condition of acute or chronic mal-nutrition, but without satisfactory pathological anatomy, causation or therapeutics. A paper—a very good one—on Vital Statistics, follows. It is by the same author, and demonstrates anew the incompleteness of our data for estimating the general prevalence of disease.

Adulteration of Food, by Stephen P. Sharples, chemist, of Boston, is a paper of exceptional value to sanitary officers everywhere. Methods for detecting all sorts of fraudulent mixtures palmed off for food and drink are carefully and clearly described.

Dr. Roger S. Tracy, of New York, gives nearly one hundred pages to Public Nuisances. No sanitary officer can afford to ignore this very excellent article upon a very disagreeable class of subjects. Every householder and manufacturer should read it—"to be forewarned is to be forearmed."

Quarantine, with reference solely to seaport towns, written by Dr. Vanderpoel, Health Officer of the port of New York, is a short, practical and reasonable article. Inland quarantine is cautiously defended and commended by Dr. S. S. Herrick, of New Orleans. He thinks the General Government should undertake its supervision.

Drs. A. McLane Hamilton and Bache McE. Emmet, of New York, write an article upon Small-Pox and Other Contagious Diseases. Few, if any, new facts are brought forward in regard to the prophylaxis of these affections. Well-known views are well and succinctly presented.

Dr. F. R. Sturgis, of New York, who has already made his mark as a syphilologist of no mean standing, contributes an important paper on the Hygiene of Syphilis. Dr. Sturgis considers first, the contagious character and danger resulting from syphilis; second, its effect upon health and longevity; and, third, the means adopted for its control. We have space for a few words regarding the last mentioned point. With reference to legislation, with a view to the control of prostitution by enforcing registration and examination of harlots, he thinks such measures might be very useful in some of the large cities, but is of the opinion that but little will be accomplished until a decided change takes place in the feelings and customs of the country. In this we most heartily agree.

Disinfectants, by Elwyn Waller, Ph. D., chemist, of New York; Village Sanitary Associations, by Dr. Roger S. Tracy, of New York; and an elaborate paper on School Hygiene, by Dr. D. F. Lincoln, of Boston, close the volume. Very useful bibliographical tables are appended to each article and add much to their usefulness.

These volumes contain a vast amount of important information, and should be in the hands of every sanitary officer, every teacher, every professional man and every citizen who would be well informed throughout the land. The volumes are substantially bound and present a most attractive appearance.

American Health Primers:—

III. The Summer and its Diseases. By James C. Wilson, M. D., Physician to the Philadelphia Hospital and to the Hospital of the Jefferson Medical College, etc., etc.

IV. Eyesight, and How to Care for it. By George C. Harlan, M. D., Surgeon to the Wills' Eye Hospital, etc. Philadelphia: Lindsay & Blakiston. 1879.

V. WINTER AND ITS DANGERS. By Hamilton Osgood, M. D., Editorial Staff of the Boston *Med and Surg. Journal.* 16mo. pp. 160. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Pr'ť'g Co. Cloth, each 50 cts.

The editor, Dr. Keen, has succeeded most admirably, thus far, in presenting the people with popular medical literature of the right sort. The public health is at last attracting the intelligent attention of the public, and our medical authors and publishers are performing the very best of service by meeting the popular want.

III. Dr. Wilson presents, within a very small compass, a graphic account of the principle summer diseases of this climate: Sunstroke and Heat Fever, Summer Diarrhœ and Dysentery, Cholera-Infantum, Summer and Autumnal Fevers, Summer Colds and Hay Asthma, and The Skin in Summer and its Diseases, are the titles of the respective chapters comprising the work. The book abounds in good plain advice, explicitly given, and will be found of great value by the laity, besides giving many hints to the physician.

IV. Dr. Harlan endeavors to popularize the anatomy of the eye and the physiology of vision, in order that his non-professional readers may properly understand the force of his cautions and recommendations. This part of the book is pleasantly and intellgibly written, and makes interesting some of the dryest subjects that can be imagined. The short account of the ophthalmoscope is calculated to render the use of the instrument, as it should be, more popular. The common injuries and diseases of the eye are then noticed, and good, common-sense directions are given for such treatment as can be made use of "till the doctor comes." Old-sight, long-sight, short-sight and astigmatism are then clearly and pleasantly described, with indications for the proper selection of glasses to remedy the defects. The suggestions for the care of the eyes are good; the author believing the "coming" light to be that furnished by electricity. The effects of school life upon the sight are well described, and many dangers are indicated. Every teacher and school director should read this chapter at least,

VI. Dr. Osgood lives in a most inclement climate, the dangers of which he fully appreciates. The "dangers" to which he calls especial attention are those arising from errors in dress, carelesness and ignorance in bathing, inattention to pulmonary food, from overheated air, indifference to sunshine, sedentary life and neglect of exercise, those pertaining to school life in Winter, Winter amusements, with some closing considerations.

The corset comes in for a good deal of well-merited abuse, flannel is duly praised; horse cars, with their frequent draughts, thin boots and rubber overcoats are all properly condemned. Some excellent advice is given with respect of night-dresses, especially those of children and aged people. Excellent suggestions are given with reference to bathing, *e. g.* "Recently, a young lady took her bath at ten o'clock, A. M., and immediately after went a long distance *in a horse-car.* She was not insane, but merely thoughtless. The result was a lesson of illness which she will not soon forget." By "pulmonary food" our author means atmospheric air, and his chapter is intended to enforce some good ideas regarding ventilation. Woollen carpets and colored wall-paper are blamed for causing much disease. "Night air" in Boston and the variety found in the lowlands of the Southwest is not exactly the same article. If the learned author would remember this, he would refrain from his indiscriminate praise thereof. But, of course, he cannot be expected to know much about malaria; at all events, he might be induced to qualify his advice by cautioning against first-floor bed-rooms. The dangers from overheated air and deficient amount of sunlight in houses are not overstated. The beneficial effects of exercise of the body are well set forth as well as the dangers that beset our

children in their school-rooms and playgrounds. The dangers of sleigh-riding, snow-balling and skating are alluded to, and the book closes with the admonition that the preservation of health is a *duty*. This is enforced with much earnestness and feeling.

All in all, Dr. Osgood's little book is a valuable one, although many may think that he is a little "fussy" and places too much importance upon small details. But it cannot be too often repeated, that attention to minute details is the secret of success, and success in the preservation of health is a large element of success in life; business interests of any kind have but a subordinate value in comparison.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES. By Freeman J. Bumstead, M. D., LL. D., Late Prof. of Ven. Diseases at the Coll. of Phys. and Surgeons, N. Y.; Late Surg. to the N. Y. Eye and Ear Infirmary; Consulting Surg. to Charity Hospital, Etc., Etc. Fourth Edition, Revised, Enlarged, and in great part Rewritten by the Author and by R. W. Taylor, A. M., M. D., Prof. of Skin Diseeses in the Univ. of Vt.; Attending Surg. to Charity Hospital, Etc., Etc. With 138 Wood-Cuts. 8vo. pp. 835. Philadelphia: H. C. Lea. 1879. St. Louis: Book & News Co. Cloth, $4 75; sheep, $5 75.

Professor Bumstead's treatise has long been regarded as one of the best expositions of our knowledge of venereal diseases extant. During the time which has elapsed since the appearance of the third edition a vast amount of new material has accumulated making the work of revision one of the greatest magnitude. The association of Dr. R. W. Taylor in this labor can only be eonsidered as an evidence of ripe judgment on the part of the author. Dr. Taylor has already made some exceedingly valuable contributions to this branch of surgery, and there is probably no one in this country who possesses a higher degree of qualification for the work undertaken.

The volume now presented as the joint work of two of our best venereal specialists is in every way creditable not only to the authors but to the American profession. It is, practically, a new work; taking the last edition as a basis, it is a vast improvement upon it. The number of pages has not been greatly increased, but the size of the page has been augmented and a closer arrangement of matter has permitted a large increase in its contents.

In formulæ, the metric has been given along with the ordinary measures, according to the whim of many of the "advanced thinkers" who endeavor to control certain of our self-styled scientific bodies. In the present work, the confusion thus occasioned is somewhat disheartening to any man who would like to follow our metric brothers in all their vagaries. We give a few examples: On page 101, ʒiii of water equal 90 grams; on page 102, ʒviii of water are made to equal 250 grams; on page 335, a teaspoonful is made equal to 5 grams, on the following page, and in many other places, it is only equal to 4 grams. On page 335 we are ordered to add 145 grams to a mixture already containing 107 grams, to make four ounces, or, if we have mistaken the reading, 145 grams are made equivalent to ʒiv. If the metric system is to be crowded down our throats *nolens volens*, let the "crammers" follow some uniform system. Thus far, the effort has proven futile to the last degree.

Among the more useful additions to the new edition, we remark Chapter XII of Part III, on Certain Simple Cutaneous Affections of the Genitals: eczema of the scrotum and penis, tinea circinata inguinalis, scabies, phtheiriasis pubis, tinea or pityriesis versicolor, and lupus erythematosus of the penis. A careful study of this chapter will enable the general practitioner to avoid many grievous errors in diagnosis and treatment.

Chapter XVII (same part), on Affections of the Organs of Respiration, Chapter XX, on Syphilitic Affections of the Nervous

System, and Chapter XXVI, on Hereditary Syphilis, are all most excellent and brought up fully with the present state of science.

In concluding this very imperfect notice, we give it as our opinion, after careful deliberation, that this work is the best upon the subjects treated that we have ever examined. The third division, on syphilis, is above all the praise that we have accorded the entire work.

As we go to press, we regret to learn of the death of Professor Bumstead. By his industry he has enriched American medical literature, and by his example he has raised the specialty with which his name will be long connected out of the disrepute into which it had fallen in this country. Peace to his ashes!

MEMORIAL ORATION IN HONOR OF EPHRAIM McDOWELL, "The Father of Ovariotomy." By Samuel D. Gross, M. D., LL. D., Oxon. Delivered at Danville, Ky., at the Dedication of the Monument Erected to the Memory of Dr. Ephraim McDowell by the Kentucky State Medical Society, May 14, 1879. Published by the Society. Louisville, Ky.: Printed by John P. Morton and Company, 1879. From Dr. Coleman Rogers, Chairman Committee of Publication.

The Kentucky State Medical Society and the profession of that great State have earned high honors by raising a fitting monument to the "Father of Ovariotomy." The beautiful volume before us commemorates the completion of the noble work and contains a record of all the steps taken towards the object in view and the dedication exercises.

Dr, Gross was chosen to deliver the oration, and a more proper selection could not have been made. It is to him, principally, that we owe the recognition of the fact that Ephriam McDowell was the first to perform the operation successfully and thus establish ovariotomy as one of the priceless boons conferred upon suffering humanity by the science of surgery.

The volume is issued in most excellent style by the Messrs. Morton, and contains a fine portrait of Dr. McDowell. Every gynecologist will wish to possess a copy, and we learn that Dr. Coleman Rogers, of Louisville, has a few remaining on his hands which he will dispose of, for the benefit of the Monument Association, at the very reasonable price of one dollar.

BOOKS & PAMPHLETS RECEIVED.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M. D., F. R. S., F. R. C. P. Lond., Prof. of Princip. and Prac. of Med. in University College, Etc., Etc., Etc. With numerous Additions and Illustrations, by Henry Hartshorne, A. M., M. D., Formerly Prof. of Practice of Med. in Med. Dep't of Penn'a College, Etc., Etc., Etc. In three volumes. Vol. I. General Diseases and Diseases of the Nervous System. Large 8vo. pp. 1127. Philadelphia: Henry C. Lea. 1879. St. Louis: J. M. Chambers, Agent. Sold only by subscription. Three volumes, cloth, $15; leather, $18.

A TEXT BOOK OF PHYSIOLOGY. By M. Foster, M. A., M. D., F. R. S. Prælector in Physiology and Fellow of Trinity College, Cambridge. 8vo. pp. 720. With illustrations. Third Edition, Revised. London: Macmillan & Co. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth, $3 50.

INFANT FEEDING and its Influence on Life, or the Causes and Prevention of Infant Mortality. By C. H. F. Routh, M. D., M. R. C. P. L., Etc., Etc., Etc. Third Edition. 8vo. pp. 270. New York: William Wood & Co., 27 Great Jones st. 1879. St. Louis: C. C. Pease, Agent. Cloth, $1 00. Wood's Standard Library. Sold by subscription only.

MEDICAL CHEMISTRY, including the Outlines of Organic and Physiological Chemistry. Based in part upon Riche's *Manual de Chimie*. By C. Gilbert Wheeler, Prof. of Chemistry in the University of Chicago, and formerly Professor of Organic Chemistry in the Chicago Med. College. Second and Revised Edition. 12mo. pp. 424. Wm. Wood & Co., N. Y. 1880. From the Author. Cloth, $3 00.

AMERICAN HEALTH PRIMERS:

THE THROAT AND THE VOICE. By J. Solis Cohen, M. D., Lecturer on Diseases of the Throat and Chest in Jefferson Medical College, and on Physiology and Hygiene of Voice in the National School of Elocution and Oratory. 16mo. pp. 159. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: Book & News Co. Cloth, 50 cents.

THE MOUTH AND THE TEETH. By J. W. White, M. D., D. D. S., Editor of the *Dental Cosmos*. 16mo. pp. 150. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: Book & News Co. Cloth, 50 cents.

THE PHYSICIAN'S VISITING LIST FOR 1880. Twenty-Ninth Year of Publication. Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. Tucks. $1.

TOBACCO POISONING and its Effects upon the Eyesight. By A. W. Colburn, M. D., Atlanta, Ga. Reprint from Transactions Medical Association of Georgia. From the Author.

TRANSACTIONS of the Twenty-Ninth Anniversary Meeting of the Illinois State Medical Society, held at Lincoln, May 20 and 21, 1879. 8vo. pp. 302. Chicago: C. H. Blakely & Co., 88 Dearborn street, Printers.

THE PHYSICIAN'S DAILY POCKET RECORD, Comprising a Visiting List, many useful Memoranda, Tables, Etc. By S. W. Butler, M. D. Fourteenth year. New and thoroughly revised, stereotype edition, with metric posological table, etc. Edited by D. G. Brinton, M. D. Philadelphia: Office *Med. and Surg. Reporter*, 115 S. 7th st, 1880.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By Geo. H. Fox, A. M., M. D., Clinical Prof. of Dermatology, Starling Medical College, Columbus, Ohio, Etc., Etc., Etc. Complete in twelve parts, 48 colored plates taken from life. Part 3—Fibroma (*pendulum*), Varicella, Zoster (*pectoralis et lumbalis*), Eczema (*universale*). New York: E. P. Treat, No. 805 Broadway.

REGULATIONS for the Government of the U. S. Marine Hospital Service. Approved by the Secretary of the Treasury, Nov. 10, 1879. Advance copy. Washington: Government Printing Office, 1879.

ANNUAL ADDRESS before the American Academy of Medicine, at New York, Sept. 16, 1879. By Lewis H. Steiner, A. M,, M. D., President. Published by direction of the Academy.

REPRINTS:—

PSYCHO-PHYSIOLOGICAL EDUCATION OF AN IDIOTIC HAND. By Edward Seguin, M. D., Author of "Idiocy and its Treatment. *Archives of Medicine*, Oct. 1879. From the Author.

TREATMENT OF FRACTURES OF THE LOWER END OF THE RADIUS. By R. J. Levis, M. D. Transactions Medical Society of the State of Pennsylvania, 1879.

THE EXTIRPATION OF THE OVARIES for some of the Disorders of Menstrual Life. By Wm. Goodell, A. M., M. D. Transactions Medical Society of the State of Pennsylvania. From the Author.

A CONTRIBUTION TO THE HÆMATINIC PROPERTIES OF DIALIZED IRON. By Robert Amory, M. D. Boston *Med. and Surg. Journal*, April 3, 1879.

Miscellaneous Notes.

A QUESTION OF RESPECTABILITY.—The Philadelphia *Medical Times* of a recent date contains the following suggestions from the pen of its talented editor:

"It is certainly becoming more and more apparent that the school which desires to be considered *even respectable* must adopt the new methods. * * * * * Public opinion is already reaching the point that the reputation of medical men who are connected with schools of the old style is beginning to be injured (at least, in the profession) instead of being increased by the connection. In time this loss of prestige will become so great that in very self-defense men of eminence will shrink from belonging to an inferior school, even if a large pecuniary reward is to be reaped by the dishonor."

Our "men of eminence" will do well to make a note of this, and govern themselves accordingly.

LOSS OF MEMORY FROM HEAT.—Mr. John A. Church gives, in the *Scientific American* for Nov. 1, 1879, an account of the various

effects caused by the excessive heat of the lower levels of the silver mines of Nevada, especially in the Comstock lode. The temperature of 128° F. in one part of the mine where a man named Thomas Brown was working caused him to faint. On being revived, it was found that his memory was completely lost. He knew the name of no person, not even his own. Such a loss of memory as this is said to be of frequent occurrence in those mines.

REPLANTATION OF TEETH.—This subject has received so much attention from some of our contemporaries as to give rise to the idea that the process is a new one. That this is an error is well shown by a writer in the *Dental Cosmos*, who extracts the following from "A Practical Essay on the Human Teeth," by Paul Eurialius Jullion, London, 1781:

"When there is a cavity formed on the side of a tooth, by caries or decay, which cannot be filled up on account of its being inaccessible while the tooth remains in the head, it is advisable to take it out, and stop up the cavity; when this is done, and the tooth properly replaced in its socket, it will, with due care, become as firm and serviceable as ever, provided the patient be then in health."

OIL OF TURPENTINE IN SOME FORMS OF PARALYSIS.—Dr. J. B. Grove recommends (*Am. Practitioner*) the following mixture:

℞ Mucil. gum. acac., - - ℥iij;
Ol. terebinth., - - - - - ℥j;
Spts. lav. comp., - - - ℥j.
M. S.—Tablespoonful three times a day.

In two cases of paraplegia, one of three years, the other of eighteen months duration, recovery was nearly perfect; after entire failure of other treatment. In two cases of complete paraplegia with paralysis of one arm, improvement was very marked, although complete recovery did not follow its use.

DEFINITION OF EVOLUTION.—The *Chemist and Druggist* observes that it was Herbert Spencer who made the following definition of evolution: "Evolution is a change from an indefinite, incoherent homogeneity to a definite, coherent heterogeneity, through continuous differentiations and integrations." And it was the mathematician, Kirkman, who translated the definition into plain English: "Evolution is a change from a nohowish, untalkaboutable, allalikeness, to a somehowish, and in-general-talkaboutable, not-at-all-alikeness, by continuous somethingelsifications and sticktogetherations."—Philadelphia *Med. and Surg. Reporter*.

SOUP.—Sir Henry Thompson (quoted from the *Nineteenth Century* in the *Sanitarian*) strongly commends the fashion of beginning a dinner with soup, and gives some excellent reasons for the practice. This habit has, without doubt, its origin in the fact that aliment in this fluid form—in fact, ready digested—soon enters the blood and rapidly refreshes the hungry man, who after a considerable fast and much activity, sits down with a sense of exhaustion to commence his principal meal. * * * * Some persons have the custom of allaying exhaustion with a glass of sherry before food—a gastronomic no less than a physiological blunder, injuring the stomach and depraving the palate. Soup introduces at once into the system a small installment of ready-digested food and saves the short period of time which must be spent by the stomach in deriving some portien of nutriment from solid aliment, as well as indirectly strengthening the organ of digestion itself for its forthcoming duties.

SHOT-GUN QUARANTINE.—Sanitary inspection and snpervision, rigidly and intelligently enforced, will prove as effectual in preventing the spread of contagious and infectious diseases along the lines of travel and trade as the most absolute shot-gun quarantine.—*Bulletin* of the National Board of Health.

A FRIEND suggests the following as a suitable motto for the obstetricians:

"Cash on *delivery*, if you please!
'Twill make us all much at our ease."

THE Chicago *Medical Gazette* is a new candidate for professional favor. It is a lively, well conducted bi-weekly, and is edited by Dr. Dudley, formerly house surgeon to the New York Woman's Hospital. It bids fair to be a successful venture.

THE Boston *Medical and Surgical Journal* will put on a new dress on New Year's Day, and become, in every sense, a medical *newspaper*. The specimen pages give good promise.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, JAN., 1880. NO. 10.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FŒTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878–79, *and* 1879–80.

BY EDWARD C. SPITZKA, M. D.,

Professor of Comp. Anatomy and Embryology, Columbia Veterinary College; Vice-President of the N. Y. Neurological Society; Curator and Pathologist to N. Y. Medico-Legal Society; Physician to Dept. of Nervous Diseases, N.E. Dispensary; W. and S. Tuke Prize Essayist; Hammond Prize Essayist. Etc.

LECTURE IV.

If we leave out of sight for a moment the changes of the germ proper, and trace the fate of its protective capsule, we shall find it well to return to the ovum as found in the cumulus granulosus in order to trace the history of the subject properly. We stated in the first lecture that the ripe egg was buried in a heap of epithelial cells which, together, constituted the *cumulus*. Those of these cells situated nearest the proper membrane of the egg, that is, nearest the zona pellucida, are adherent to the latter, and when the ovum escapes from the bursting Graafian follicle they *remain* adherent to it. Thus the egg, in leaving the ovary, already carries an accessory product with it, namely, a continuous layer of extraneous epithelial cells surrounding the *zona* like a *membrane*,* and so firmly attached to it, that it requires special manipulation to separate it from the ovum proper when it is desired to examine the latter under the microscope.

Now the process of segmentation was as I stated (Lecture II) accompanied by the separation of the yolk segments, and the accumulation of a fluid in their midst. This necessarily resulted in an enlargement of the germ, and this, in its turn, by eccentric pressure, produced an expansion and attenuation of the zona pellucida. During the gradual atrophy of the zona, which, in the case of the dog's germ, culminates in its entire disappearance considerably before the twelfth day, and in the human, also, probably before that date, this membrane loses its vertical striation and exhibits a concentric lamination. All this time the granulosa cells were attached to its outside. In birds and reptiles, while the zona thus gradually disappears (as in mammals) this epithelium, recruited continually from the epithelium of the oviduct, continues adding nutriment to the vitellus, and does this by the wandering of the innermost granulosa cells, or of their fluidified contents, through the disappearing zona. It is this process which enables the meroblastic egg to lay up such an immense stock of supplies against the emergencies of extra-maternal embryonic development.

In mammals the granulosa cells do not play such an important rôle. It is to be

* Through inexcusable haste in writing, and owing also to a failure to see proof, due to the late transmission of manuscript, a serious error has crept into the last lecture, the words "*membrana granulosa*" should read "*layer of granulosa cells.*" The membrana granulosa is a different though not unrelated structure described in Lecture I.

assumed, however, that they *nourish* the germ for the brief period of its transit through the fallopian tube, which is known to occupy several days. Therefore, though in a less degree, they act in an analogous manner to the same bodies of the bird's egg. Arrived in the uterus, the now vesicular ovum is destined to lose its zona, which, thus far, is covered by nothing but the layer of granulosa cells.

The older embryologists believed that these granulosa cells sent forth villous prolongations, which, insinuating themselves into the *tubular uterine glands*, established a connection between the maternal tissues and the ovum. They designated this layer of cells as the *primitive chorion*.*

The same writers further asserted that the ovum irritated the mucous membrane, and, through irritation, provoked the hypertrophy of the mucous membrane of the uterus known as the decidua.

Both views are incorrect, the granulosa cells, after having fulfilled their, doubtless, only temporary function, disappear, or, at least, lose their structural distinctness; they do not develope villi.

Secondly, it is erroneous to attribute any of the primary uterine changes to irritative influences caused by the local presence of the ovum. In the first place, the delicate, soft and tender ovum is not the object which could irritate a powerful mucous membrane without perishing in the encounter; secondly, these same uterine changes occur when the egg becomes developed outside of the uterus!

It is much more reasonable to suppose that, coincident with impregnation, some powerful, though, as yet, to us, quite intangible nervous influence is exerted on the uterus, preparing this organ for the active part it is to play in development. That such an influence is very probable, is supported by the following facts: It has long been known that the uterus secretes a whitish fluid about or shortly after impregnation has taken place. This fluid nourishes the ovum during the period intervening between its advent in the uterus and the establishment of vascular connections between the ovum and the uterus; it is known as the *uterine milk*. Now I have observed the uterine milk present in the uterine cornua of a rabbit whose vesicular ova had not yet left the fallopian tubes.

Since the granulosa cells do not develope a connection with the maternal parts, the term, primitive chorion, applied to them by Von Baer, should be abandoned.

All the changes thus far enumerated occur during the first few days of development. While the germ goes on developing the blastoderm, and even some of the special organs, a peculiar change occurs in the mucous membrane of the uterus, which culminates in the formation of one of the so-called fœtal membranes. In some manner, not yet clear to the writer, the vascular ovum previously establishes a connection with the epithelium of the uterine interior. If we cut open a uterus at this stage and try to remove the egg from it, we encounter a resistance, and when we finally succeed in liberating the ovum we find that little white threads are attached to it which, while we detach the ovum, are seen to come forth from the uterine glands.

On examining more closely into the matter, we find that these little threads are not, as was first supposed, villi appended to the ovum, but merely epithelial casts of the uterine glands which, when the ovum was separated, followed the surface epithelium attached to the latter. We find, furthermore, that the uterine epithelium is not attached to the germ directly, but to the zona, which, although attenuated, Lieberkuhn has found to still exist in the human germ when the latter has attained a diameter of two millimeters.

It is this attachment of the zona to the uterine epithelium, which, with the addi-

* Reichert has applied this term to what I speak of as the *prochorion*, a later structure.

tional appearance of supposed villi, has caused the older embryologists to speak of a *chorion secundarium*. Still more recent writers have, in correcting the error which Von Baer had fallen into, when designating the layer of granulosa cells on the outside of the ovum as a primitive chorion, removed this name and substituted it in place of the name "secondary chorion." Still others, with an eye to the avoidance of all confusion, termed the latter the *prochorion*, or temporary chorion.

I must confess that the affixture of the term primary, and secondary, and pro-chorion, has been a source of great perplexity to myself. I should much prefer to speak of one chorion only, the permanent chorion, which is to constitute one of the fœtal membranes. It is this latter which Von Baer terms *tertiary* chorion, Reichert secondary chorion, and which we shall designate briefly as the true chorion. The connection between the uterine epithelium and the disappearing zona is too transitory to merit the establishment of a "prochorion" on its strength in my opinion.

Summarizing the changes which have occurred up to this time, we find them to be as follows: 1st, the granulosa-cells can no longer be identified and have probably disappeared; 2d, the zona pellucida has become extremely attenuated and is destined to become lost in the so-called "prochorion;" 3d, the vitellus, now properly termed the germ, is no longer a compact mass, but a hollow sphere, which is several millimeters in diameter, and so clear and transparent as to resemble a slightly tinted glass bead; 4th, the germ has been nourished by the "uterine milk" through osmosis; 5th, the uterine mucous membrane has become hypertrophied; 6th, it has become firmly attached to the zona pellucida at one point; 7th, the hypertrophy of the uterine mucosa is greatest around the point where the egg is situated.

It may be stated provisionally, and in order that the student, when, in the next lessons, he hears of the intrinsic changes of the germ proper, shall not lose sight of the important extrinsic changes, that the formation of the so-called prochorion is preparatory to the development of the true chorion and placenta. It may be, also, well to call attention to the fact, that the uterine mucosa, which hypertrophies and finally rises over the ovum to enclose it entirely, constitutes a still more external envelope for the future fœtus than the chorion, and is known as the *decidua reflexa*.

Anticipating what I shall go over more thoroughly in its proper place, I will also say that, about the time when the "germ" attains the dignity of an "embryo," it sends out from its flanks a thin expansion, which unites over the dorsal aspect to constitute another membrane around the embryo and fœtus. This membrane is sac-like, contains a fluid, and is nearer to the embryo than any of the others. It is called the *amnion*. We shall learn still further that the chorion, which is just outside of the amnion, receives an important addition to its structure in the shape of a special appendage growing out of the embryonic body (the allantois). Finally, we will see that the decidua reflexa is purely an hypertrophied part of the uterine mucosa.

From all this it will follow, that while the embryo is developing into the fœtus, three envelopes are being formed. These envelopes lie in the following order from without to within, that is, the knife, when opening the complex ovi-sac, would lay them open as follows: 1st, the decidua; 2d, the chorion; 3d, the amnion. It will also become apparent that, while the outermost mentioned, the decidua is purely a maternal product, and the innermost a purely embryonic one, that the middle membrane is of a mixed origin formed partly by the maternal aid, partly by the embryonic organism.

NEW YORK, 130 East 50th street.

Original Communications.

BIOPLASM AND DISEASE.

Read Before the District Medical Society of Kansas City, Mo.

BY A. L. CHAPMAN, A. M., M. D.

In the year 1858, Rudolph Virchow gave to the world his great work on Cellular Pathology. The fundamental conception which guided this intrepid hero in building up a new pathology and in opposing the biological dogmas of all other times may be summarily expressed in one brief quotation from his work: "The cell is really the ultimate morphological element in which there is any manifestation of life, nor can the seat of real action be transferred to any point beyond the cell." For the old aphorism of Harvey, *omnium vivum ex ovo*, he substituted the more significant formula, *omnis cellula e cellula*, as the symbol of a more real and potent biology. This cell was considered by Virchow to be constructed according to the plan of an all-pervading ideal achetype, and was held by him to possess a cell wall inclosing a cavity in which were fluid contents aud a nucleus.

For almost two decades the whole medical world either received or hesitated to doubt the Virchowan doctrine. But by and by, learned and indefatigable investigators began to contest the constancy of this definitive elementary form and to advance the doctrine that vital phenomena were capable of being manifested where no anatomical form existed. Even as far back as 1835, Dujardin had discovered among the tissues of the lower animals an amorphous substance capable of spontaneous movement to which he gave the name of sarcode. To the wonderful properties of this substance the eyes of many of the most illustrious men of those days were directed, as Meyer, Müller Brücke, Hackel and others. But it was left for Max Schultze, in 1865, to demonstrate that this living sarcode was exactly and completely analogous to the contents of animal cells, and that these contents formed the material basis for the sensitive and irritative processes. A few years later and not only was the doctrine of an all-pervading and constantly recurring cell form as advanced by Virchow abandoned, but the notion also that vital phenomena were solely referable to these forms, received a full and complete refutation through the labors of Von Baer, Stricker, Beale and others.

Now the membrane is eliminated from the necessary constituents of the histological term cell; the nucleus is excluded as a necessary factor in the ideal type of an elementary organism; and any little particle of membraneless and non-nucleated living matter is all that is required to constitute the form or to manifest the functions of any living being; and in support of this view Max Schultze brought forward a non-nucleated amœba and Hackel a non-nucleated protista, and Cienkowski two non-nucleated monads, but it was left for Von Baer to observe a fact, now universally accepted, which forever sealed up the argument and became the corner-stone for all future biology. It was this: That the fertilized ovum, from which all living beings arise, is at *first non-nucleated*, and, therefore, that all formed elements, together with the life which these forms possess, have had their origin in the formless and non-nucleated matter of the primitive germ. The penetrating eye of Stricker, the great histologist, was not slow to see the logical consequences which this fact involved and which he has forcibly expressed in these words: "If we wish to be logical, if we do not desire to advance the statement that the non-nucleated bodies of the lower plants and animals and the fertilized ovum occupy a unique and isolated position, which is not assumed by any other being in the whole scale of creation, we must exclude

the nucleus as an unnecessary factor in the ideal type of an elementary organism. We must also, in the future, apply the histological term, cell, to the morphological elements of the higher animals, or to independent living organisms, even if we are unable to discover anything more in their structure than that they are little masses of animal sarcode or protoplasm. Nor will any essential change be made in our views even if it were hereafter proved that there are cases in which the nucleus is not only present, but plays an extraordinary important rôle."

Beale, who is perhaps the most skilled microscopist now living, and certainly one of the most accurate and conscientious observers of these days, in harmony with the views of Stricker, affirms that a mass of formless bioplasm invariably represents the earliest stage of development of every tissue, form and organ of every living thing. Nor does it appear that there is the least connection between the quantity of matter and the number and perfection of its vital actions, nor that a larger mass is more capable of exercising the functions which are peculiar to living matter than the smallest molecule. Every act which is characteristic of living matter, every capacity with which living matter is endowed, whether of growth or development, whether of nutrition or reproduction, whether of formation or function, belong as much to the smallest molecule as to the largest mass. Furthermore, it has been observed that if the smallest particle of living matter visible by the microscope shall become detached from other living matter, that little microscopical particle will, under favorable conditions, grow, will impose on itself a nucleus, will be able to reproduce itself many hundreds of times, and will assume the form and perform all the functions of a cell. Every step by which the formed arises from the formless, by which the elementary cell with its nucleus, membrane and contents, comes forth from the formless matter of life has been distinctly pointed out and demonstrated by a score of recent observers; how that a tiny particle of microscopical smallness leaps forth from a stratum of moving bioplasm; how that this little particle will, under the conditions of favorable nutrition, grow and attain the the size and form of the elements in the tissues of which it is to form a part; how that straightway there will be formed within its center a nucleus, and upon its circumference a retaining wall, and how that this little particle of amorphous matter is able to reproduce itself by division just as well before the cell nucleus and the cell membrane are formed as after their formation. Now this unformed bioplasm normally exists and persists both in the blood and in the tissues, covering with a thin mantle the walls of vessels, muscular tissues, underlying the deeper cells of the cuticle, the subepithelial formations of the mucous and serous membranes, and filling up the interspaces between the cells of every glandular organ. Nor must it be supposed that this bioplasm had its origin at some time subsequent to the development of the organism, nor that it was derived from the cells of the body at any period of its existence, not any more from those which, in the beginning, participated in the formation of the embryo than from those which must afterward form the complementary existence of the fully developed organism, but it is the remains, or if you would rather, it is the offspring of that ancestral bioplasm which once existed in the germinal area of the embryonic vesicle; that as bioplasm and not as a formed cell, it is capable of taking up nutrient properties, converting them into matter like itself, and thereby growing, and that as unformed bioplasm it has existed in us from the very beginning of embryonic life.

Some years ago, in a paper read before this society, I endeavored to show that, contrary to the commonly received opinion, the regeneration and replacement of the obsolete elements of the organism were

accomplished, not by the division and multiplication of cells already existing in the part, but by the free and spontaneous generation of cells from the bioplasm which exists in the tissue demanding repair, and where no cells had previously existed. These views were at that time supported by some rational evidences based on the known laws and principles of histogenesis, and several illustrations were also instituted drawn both from normal and pathological anatomy, showing the fact to be incontestable, that in a number of instances where new elements were required to supply the tissues from which older ones had passed away, as in the case of epithelial cells, or where the conditions of nutrition required a new part to be added to the organism, as the formation of capillary vessels, this was accomplished by the free formation of cells from the bioplasm native to the tissue, to all of which the criticisms of the profession were respectfully solicited.

Nevertheless, the foregoing facts and observations warrant the conclusion that cells do not always originate from cells, but that cells do sometimes arise free-formed from the simple bioplasm of the organism, and where none had previously existed. Now, if any one should ask the question why bioplasm should, under any conditions, assume the form of a cell, no other answer could be returned by me than this: that it is simply an original law under which all living matter has been placed, that it shall assume this form and no other. But if it were asked what are the conditions favorable and necessary to this formation, and what is the nature of that impulse by which the formless matter of life is made to arrange itself according to the pattern of one all-pervading form, I would, upon the explicit authority of physiology and of physiologists, answer, that that impulse is capable of being impressed by two, and by only two, but by two altogether distinct and separate instrumentalities. The one of these is a lifeless, the other a living instrumentality. The former originally existed as the light of the solar rays operating through carbonic acid, water and ammonia upon the bioplasm of the vegetable cell, but now this cell itself, by these very operations, has become the transformed embodiment of that instrumentality, and contains within it the full momentum of its forces. It was then lifeless, it is now dead; it was then an inorganic, it is now an organized body. The latter is living matter itself acting upon and coöperating with other living matter. *These two instrumentalities are emphatically the sole physiological excitants, the only bodies in nature which are competent to put in motion living matter and to set up therein the specific processes which are characteristic of living things.*

Whether the foregoing proposition, in its whole comprehension, shall be accepted by you or not, I wish it here to be distinctly understood that I lay much emphasis upon it because of its important bearings upon all that must follow in this discussion. Believing in the fundamental oneness of the causal forces by which the vital actions are set up, I have ventured to put forward the statement, that nature has made the cell the sole repository and magazine of these forces, and that the cell or some derivative of it is always necessary to originate these forces, and to sustain the processes of animal life, whether these processes be normal or morbid, and whether that cell be living or dead. In the former condition it may be designated reproductive matter; in the latter, nutritive matter. What, then, is nutritive matter? Nutritive matter is not only matter which is lifeless, but it is matter which is dead. Nothing but matter which once lived is able to sustain the matter which now lives. No living thing is nourished by that which is alive—no life is sustained by life. In a word, nothing is nutritive matter but an organism which is dead or some derivative of it, and everything which is the one or the other, is capable of setting up

in living matter the processes of growth, of development and of cell generation.

But what is reproductive matter? Reproductive matter is matter which is alive: Yes, but it is more. Reproductive matter must not only be matter which is alive, but, to be reproductive, it must hold certain special relations to that other living matter in which the reproductive process is to be set up. What then are these relations? It must not belong to a different genus of living things, nor yet to a different species—but it must be of the same species—of the same kind of living matter, yet not identically the same matter. Reproductive matter and the matter in which reproduction is accomplished must both be of the *same kind* and must be *different*.

Reproduction is predicated of *likeness* and *difference*, and yet, if this difference be too wide, or if that likeness be too close, sterility is the result. It must be neither, the greatest fertility existing among those individuals of a common species in which there is the greatest difference. Such is an epitome of the law of reproduction and of the conditions under which alone it may be accomplished, to all of which it will be necessary again to refer.

Now, it does not at all concern us, neither would it be within the province of any mere scientific inquiry, to interrogate nature why life and its activities should be made to depend upon one condition or another; it is simply our province to recognize those conditions and to accept them. It is not our province to inquire why matter under two opposite conditions should be endowed with the capacity to set up two distinct vital processes for the formation of cells which are themselves anatomically identical, but it is solely our business to accept the fact when it shall have been clearly made out, that nature has ordained two processes for the formation of cells which are alike in nothing, neither in the nature of their origin, in the phenomena by which they are physically represented, nor in the purposes which they are intended to fulfill. The origin of the one is the impulse impressed by a living organism; the origin of the other is the impulse impressed by an organism which is dead; the former is characterized by a continuous formation of cells from other cells by the simple process of division, the latter by a free formation of cells by the process of budding—by the spontaneous outgrowth and detachment from a given mass of unformed bioplasm of a smaller part; the purpose of the first is to bring into existence a new organism, that of the second to reproduce the lost parts of an organism already existing.

But it would be extending this paper far beyond the limits intended were I here to consider, even in the most summary way, all those important questions which this discussion involves, and which, it appears to me, are necessary to its logical prosecution. Nevertheless I must content myself at this writing with simply directing your attention to, rather than discussing at large, the important offices assumed by the free and unformed bioplasm of the body in all the living processes, whether these be performed under the conditions of health or of disease.

Now, it has already been shown that the impulse which has carried forward the organic career to the definitive forms of adult life was originally impressed by the amorphous matter of the primative germ, the non-nucleated fertilized ovum; it has been shown that when these forms shall have fulfilled their period of life and have passed away, their restoration to the organism is accomplished by the free formation of cells from the unformed bioplasm with which the tissues are invested; it has been shown that for the formation of cells nature has instituted two processes which are fundamentally distinct, the one by the outgrowth and detachment from a stratum of unformed bioplasm of a tiny, bud-like process which shall straightway thereafter begin a separate and independent life; the other by the

division of the formed cell itself into two equal and symmetrical parts, each one of which bears all the physical characteristics which marked the parent cell; it has been shown that these two distinct formations arise according to the provisions of an original law of nature, under two entirely opposite conditions—the conditions which are necessary to the one being furnished by matter which is dead, the conditions which are necessary to the other by matter which is alive; the first being known as nutritive, the second as reproductive matter; it has been shown that besides these there are no other bodies in nature which are capable of putting in motion living matter, and of originating and carrying forward the vital processes, and that none can now be mentioned; it has been shown that if the smallest molecule of living matter which may be rendered visible by the highest microscopical power, shall become detached from any given mass of other living matter, and whether this detachment has been accomplished by the physiological process of budding, or by mere mechanical division, that it will, nevertheless, perform all the vital actions which are characteristic of the fully formed cell, whether of reproduction, formation, or function; it has furthermore been shown that living matter is never formed anew, that it has come down to us from the beginning, that it is derived. Every particle of bioplasm is the offspring of preëxisting bioplasm. *Omnis bioplasma e bioplasma.* But every living being is not wholly composed of living matter. Very far from it. The purposes of organic life could not be accomplished were organized beings alive in every part. The sensitive and moving matter of life must be incased by inanimate matter, the world that lives must be shut off from the world that is dead, the ego from the non-ego. Hence the signification of the cell membrane, hence the signification of all the formed elements of the body. As physicians we are little concerned about the physical transformations, the regressive changes which may or which may not take place in these masses of defunct matter which is in us but not of us, and which is ours, but not us. Let the dead bury their dead. It is our chief concern, it behooves us well, to study the living, to ascertain what its processes are in health, what in disease; the study of the first must preceed, the second follow.

It was the immortal Virchow who first gave to the world the comprehensive maxim: "Every pathological product must have a physiological prototype." I have claimed the honor myself to have first drawn the corollary from this that every pathological *process* must have a physiological prototype. It is the processes, rather than the products of disease, which most intimately concern. Now, in disease, there are no new processes created, none destroyed, but the physiological processes are simply turned to a wrong account, are perverted, but never so far perverted as to lose their original type. But I have already given a bird's-eye glance of the normal activities of living matter, and I have furthermore pointed out the means, and the only means, through which these activities can be excited, through which these processes are able to be set up. Now, inasmuch as every pathological process is only some modified or perverted form of the same process in health, it would seem to follow that every pathological excitant ought to be nothing more than a physiological excitant under some modified or perverted condition. But it has heretofore been shown that every physiological excitant, that everything in nature which is able to set up a physiological process, must be an organism or some derivative of it, and that if that organism be living the process set up will be a reproductive one, and will be physically represented in the formation of cells by division, but if it be dead the process set up will be simply a nutritive process and will be uniformly represented in the formation of cells

by budding. But in order to furnish the grounds for a more thorough discussion of this question I will here reduce the foregoing facts and principles to the form of a syllogism, namely: Every pathological excitant which is capable of setting up in living matter the process of cell formation is some physiological excitant under altered conditions; but every physiological excitant to this end is an organism or some derivative of it; therefore every pathological excitant capable of setting up in living matter the process of cell formation is an organism under some altered condition, or some derivative of it.

I need not remind you, gentlemen, that every active process, whether of health or of disease, has for its end and object the formation of cells and *nothing but the formation of cells*. It is, moreover, a fact now universally accepted, that in every diseased process in which there is any activity manifested, the formation of cells does take place, and furthermore, this formation takes place because of that process. From the slightest catarrhal affection up to the gravest and most intense febrile states this cell formation has been observed to constantly take place. Furthermore the formation of cells has been found to increase just as the inflammatory state increases, and to diminish as this diminishes. In all the graver forms of fever and inflammation the formation and multiplication of cells are incalculably great. It is on this account, because of this enormous multiplication of cells, that the circulation in the smaller arteries and capillaries often becomes interrupted or entirely cut off, engorgements by the pressing columns of newly formed elements, dilatations, longitudinal rents in the capillary walls and transudations of blood soon involve both the vessels and the tissues in a common ruin.

Now if every pathological irritant to the formation of cells must be a living organism, which it is the object of this paper to show, and if every active process of disease be solely manifested by the formation of cells, if this very formation constitutes the morbid condition itself, which I may now claim to have been shown, then this becomes an important inquiry, namely: *How do these cells originate and whence do they come?*

In an article published in the Nashville *Medical Journal*, Jan. 1875, and reprinted in the Half-Yearly Compendium of Medical Science, I endeavored to show that these very pathological cells originated according to the provisions prescribed in the physiological law of reproduction, and that the pathological and reproductive processes were fundamentally one. A complete paradigm was at that time given of these two processes from the first motion in the fertilized ovum, on the one hand, and the pathologically irritated cell upon the other, to the last developmental acts in each, and it was found that every one of these acts, their physiological representations, the ends contemplated by them, the conditions under which they arose, in a word, that their entire phenomena were not only similar, but that they were identical, and hence, that the pathological processes have their prototype in the physiological process of reproduction. Nevertheless, it is certain, that if the pathological processes do not find their prototype here, there is no such prototype in nature, and the maxim of Virchow, that every pathological process must have a physiological prototype, is void. Now it is by taking this view of the matter and leaning by a divine faith upon the unchangeableness of nature's laws that we are able to decipher many of those hidden problems of our science which have hitherto been inexplicable. The doctrine of contagion, infection, the immunity which some diseases confer from a second attack, the almost universality of the law that human diseases are confined to human beings and brute diseases to brute beings, all become intelligible when contemplated in the light of that law under which all living matter is

placed when coming into contact, when infected by other living matter under certain special conditions.

It has all along been supposed that the principle of infection consisted in some indefinable zymotic or miasmatic effluvium arising from dead or diseased matter, and that this acted upon the blood and upon the tissues in the way of a poison. It was also thought to often give immunity to the infected subject in one of two ways: first, either by removing, by some supposed chemical action, something from the blood which had hitherto rendered the contagion active, or, second, by adding something to the blood which now opposes that activity. "But it is better to suffer the ills we have than fly to those we know not of." It is better and far more philosophical to accept the efficiency of and the constant recurrence of a known principle of infection, a principle upon which all the phenomena of disease may be accounted for than to excogitate and invent new and fictitious causes which are not only not sustained by any one fact or observation, but which are opposed by thousands. Now such a principle has long been known to exist as living matter when under certain special conditions, and that this living matter is capable of so infecting the healthy organism as to bring into existence all of those phenomena which are characteristic of diseased conditions. Furthermore, it is known that this infecting living matter is often able to produce such a change in the healthy bioplasm of the body as to render it incapable of being reinfected by the same living matter. Thus, then, we have the infecting principle itself, the whole specific series of disease phenomena, nutritive, functional and formative, irritation, fever, inflammation, etc., as well as immunity from a second attack, all referable to and rationally accounted for by a cause known to exist, and a cause competent to bring about all the phenomena in the case. Is it not, then, unphilosophical and a clear violation of the law of parsimony to obtrude upon medical etiology fictitious and assumed causes of infection when a known one is before us, and is capable of producing all the phenomena of disease? Besides, this very same known cause and its specific phenomenal effects have, both of them, a real prototype in nature, a physiological archetype wherein a coördinate series of phenomena are clearly and confessedly attributable to a principle of precisely the same order and by which immunity is attainable in precisely the same way.

Now, unless pathological activities be no longer considered as modified or perverted forms of some physiological activity, unless diseased processes be something altogether anomalous, something absolutely *sui generis*, a total departure from nature, without a model and without an archetype, we are placed under an insuperable logical necessity to refer these diseased processes and the causes which put them in motion to some common physiological prototype. Such a prototype as this does not exist in nature if it be not found in the law of reproduction. This law has already been referred to. It pertains to the species of a common genus, the greatest fertility being among the varieties of species. Fertilization, like contagion, requires not only the contact of living matter, but of living matter bearing certain definite and fixed relations of *likeness* and *difference*, and if these relations shall be disturbed, upon the one hand sterility, upon the other immunity, must be the result. Thus the intermixture of breeds, the crossing between species cannot be carried on indefinitely, but at last there must come a time when contact will no longer propagate, and when a changed bioplasm will be insusceptible of any further change. Herein then, is given not only the law and the conditions of immunity, nature's own and nature's only method of protection, but also the type and the prototype both of the causes and

of the processes of normal and pathological activities.

Now upon this view of the matter it becomes very easily understood why it is that any germ which is capable of producing a human disease must have been contributed by a human being, and not by any of the lower animals, nor, *a fortiori*, by vegetables; for to infect, to be reproductive, to be able to fertilize, it is required that the fertilizing matter and the matter fertilized, the infecting matter and the matter infected, must belong at least to a common species. It is indeed true that, in some rare instances, the diseased matter of one class may infect animals of a different class, as in the case of the glanders of the horse or the hydrophobia of the dog, which may both be communicated to persons. This may very well be accounted for upon the fact that the material composition of all living things is fundamentally one, and that there does exist a boundary line, a border land, between the tissues of each successive order of living beings in which the bioplasm of the genus approaches that of the species and of the individual, and thus renders the infective, as well as the reproductive law, operative.

But, upon the other hand, it must be admitted that, while a mere poison may derange function, may impair nutrition, may destroy tissue, or suspend vital action, *it cannot, nevertheless, stimulate those vital actions into any one of the morbid processes known to pathology*. There is not a poison mentioned in any one of our dispensatories or pharmacopœias which is to-day held accountable for any of the diseases embraced in the whole calendar of our nosological classifications, whether that poison be animal or vegetable, whether it be organic or inorganic.

On the contrary, it will not be denied that living matter, when under special conditions, is endowed with the capacity of stimulating into formative pathological activity other living matter, and furthermore that this is accomplished upon the principle of fertilization, and that it is accomplished *in no other way*. That is to say, if living matter be competent to stimulate into formative activity other living matter, this must be accomplished upon the principle of fertilization; but a diseased living germ is, *ex hypothese*, competent to stimulate into formative pathological activity the normal living matter of the organism; therefore it must accomplish this by fertilizing it. I beg here to candidly say to you, gentlemen, that I regard this argument as conclusive, and with all due respect for those who may dissent from my conviction, I must here say that I believe it to be due the magnitude of the question I am here discussing, as well as the interest of the profession at large, that you now met me squarely upon this issue and show the untenableness of the position with which I have now confronted you, or to frankly admit its validity. Is there any other way in which living matter, whether it be diseased or healthy, can affect, can stimulate into activity, other living matter, whether that activity be normal or morbid, than by fertilizing it? That is the question. If living matter can effect living matter in any other way than this, let it here be pointed out and defined. I have thus taken the liberty to emphasize my views here and have placed them in regular logical form because they present a fundamental feature in the doctrine of germ disease which has not been held or advanced by any author who has written upon or accepted the germ theory. All authors who accept the germ doctrine of disease, while differing in their views with reference to the source from which this germ is derived, agree in this: that when that germ has been received into the organism it straightway begins a process of self-multiplication by division; that all the multitudes ef germs which may thereafter arise within the body are to be considered as the heirs, the offspring of that single germ which originally took possession of the system, and that the

diseased conditions which may thereupon arise are solely due to the presence of these multiplied germs.

On the contrary I hold, and I think I have supported the view by facts which can not be gainsaid, that these germs are not derived from the multiplication of that single germ which originally infected the organism, but that they arise from the normal bioplasm of the body by virtue of a fertilizing act which that original germ was able to impress, and that the diseased conditions which may thereafter be set up are not due to the presence of these multiplied germs, but to the *changes* which are being wrought upon the healthy bioplasm of the body by a *pathological reproductive process of cell formation*. I think I may here say without justly incurring the charge of egotism, that this view of mine is the only one which explains, according to the principles of any known law, the true philosophy as well as the real principle of contagion; the only one that explains the fact that certain diseases are confined to certain classes of beings and will not invade another class; and, above all, that it is the only one which explains why it is that certain diseases confer an immunity from a second attack, of which Beale says: "Of all the problems I have ventured to touch upon in my book, this is by far the most difficult." It is the only view, furthermore, which recognizes and acknowledges the necessary and universal dependence of all pathological forms and processes upon some physiological prototype, a dependence which every intelligent physician to-day must accept.

But the evidence touching the germ doctrine of disease does not rest upon *a posteriori* reasonings alone, however conclusive these may be and however sufficient to vindicate its truth. The capacity of living matter, when under certain morbid conditions, to set up diseased processes in normal living matter, is simply a fact of observation which has been verified again and again. It is a fact that vaccine lymph is alive, and that the active properties of this lymph are solely due to the extremely minute particles which this lymph contains, "and which constantly exhibit the most active molecular movements." M. Cheauveau, Beale, and others, have repeatedly attested the fact, that it is the living molecules of vaccine which are required to produce vaccination, and that the albuminous fluids in which these molecules live and are suspended are utterly void of effect. It is also a fact that it is the living moving matter of a small-pox pustule, of gonorrhœal, of chancroid pus, etc., which is required to inoculate a healthy person. It is, moreover, a fact, that after these little molecules of living matter have become lifeless, vaccination, inoculation, etc., will be utterly abortive. Hence it is that a dissection wound, when coming into contact with a body recently dead, but while it is yet *molecularly alive*, is followed by such fearful inflammation, while the same body, after it is long dead, when it is *molecularly dead*, is not able to infect with disease.

And it may here be stated as a fact of much significance in this discussion, *that insofar as the original and primary cause of any diseased action or morbid process is really known and understood, that cause, the pathological impulse by which this morbid action is set up, has been uniformly found to be nothing more than some form or condition of living matter itself, and to this fact there can be no exception named.* Even those diseases which are called traumatic, and which are wont to be attributed to some mechanical or chemical irritant as a cause, are not to be considered as set up by the mere action of the irritant itself, but as set up by the living matter of the injured part which has now acquired new properties—infective powers—*through the altered conditions to which it has been exposed.* No one supposes that erysipelatous inflammation, for example, is made to pervade a whole part by reason of a slight infection of the cuticle, but rather that new elements have

arisen through the altered conditions of the injured part *and, by infection, spreads.*

But while it is true that in every instance in which the cause of any particular disease has been clearly and definitely determined, that cause has always been found to be matter which is alive, it is also true that not one of the diseases embraced in the whole catalogue of our nosologies was ever known to originate from any mere poison whatsoever, whether solid, fluid or gaseous, whether animal or uegetable, organic or inorganic. Resting, therefore, upon the universality and constancy of Nature's laws, I think we are entitled to say, that if living matter, under certain special conditions, is sometimes required to set up a specific pathological process, that this is always required. Now every inflammation is a specific pathological process, such as gonorrhœa, for example, which is no more than an inflammation, but it requires living matter to set it up.

Nevertheless, it must be conceded that the foregoing facts and observations create, at least, the presumption, that *all morbid processes* must be attributed to living matter as a common cause. This presumption would be greatly increased if it should so turn out that there does exist that same similarity and correspondence between these morbid processes as there does exist between the known effects of any common cause—if the pathological processes themselves, both in the forms by which they are represented and the products which are peculiar to them were all and each of them fundamentally the same, as well in those where the original irritant is known, as in those where this irritant is supposed not to be known. Now this is actually the fact. Our common fevers and inflammations are characterized by exactly the same processes, are represented by the same forms and give substantially the same products as do small-pox or syphilis. In inflammation, for example, the infecting irritant begins first to declare itself by an unusual activity and commotion among the molecular elements in the living matter of the affected parts; the now colorless and transparent bioplasm undergoing the lesion begins to darken and to visably increase in volume, representing the cloudy swelling of Virchow. Now the tiny clumps of infected matter straightway begin to divide, and a new elementary organism is brought into existence. If this inflammatory process now continues these new formed elements will arrange themselves for the formation of a new tissue, the so-called cicatricial tissue, for the formation of new vessels, and of new blood. This new tissue, then, is the product of the layers, differentiation and development of the elements formed by this very inflammatory process; its vessels and its blood are the heirs of these primary cells arranged in parallel strands which subsequently are differentiated into elongated polygonal cells thus constituting the so-called endothelial tube. Now I unhesitatingly affirm *that all of these things and no more* take place in small-pox and syphilis. The formation of new elements is alike in all, and if the process I have described continues to the end the new vessels and the new tissues will be the same. Those little strata of new tissue which mark the spot where a small-pox pustule or a syphilitic chancre once stood are these same cicatricial formations and formed in precisely the same way.

How can we say that these common processes and common forms and common products are not all brought into existence by a common cause? (See Nashville *Med. Journal*, January, 1875.)

So also in the physiological process of reproduction do we have all these same successive series of acts, forms, formations and products and nothing more—new cells differentiated into new tissues, new vessels and new blood. Thus when placed side by side does the identity of the reproductive and pathological processes unmistakably appear. But this identity does not pertain to the processes only. Nature has vindi-

cated the unity and the universality of her laws by making this identity pertain also to the cause of these processes, and to that cause under the very same conditions. Thus, if reproduction be only predicable of living matter, so also is infection; if reproduction be only predicable of likeness and difference, so has infection been shown to be only predicable of the same thing. The infecting matter which may set up a diseased process, and the fertilizing matter which may set up a reproductive process, must, each of them, bear one and the same identical relation to that normal living matter in which these processes are to be established. They must bear to that matter the relations of *difference and likeness*. If the diseased matter be not of the same kind it will not infect, if the fertilizing matter be not of the same kind, it will not propagate, if either of them be identically the same no effect will follow. These processes then are themselves identical, they depend also upon the same identical cause—living matter—and that living matter under identically the same conditions; *therefore these processes are fundamentally one.*

Now with reference to the *origin* of that particular kind of living matter which is capable of setting up disease I shall have time to devote but a single paragraph. From what has just been said with reference to the law of infection, a law, because it has been prescribed by nature, we must accept as being both universal and necessary; that the infecting and infected matter, to be operative, must possess the fundamental attribute of difference and likeness, and from what has furthermore been said with reference to the general law of class diseases, viz: that diseases which are peculiar to one class of beings will not invade a different class, it would appear to follow that that living matter which is capable of setting up a human disease must have originated from a human being. Now that living matter, when exposed to altered conditions, may acquire new powers, and often be able, on account of these new powers to infect with disease, is simply a fact which the observations of these days have abundantly established. Thus changes of temperature, impure air, unhealthy food and the like, may so alter the physiological standard of some particular tissue of the organism as to render it infective to some other tissue, may so alter, nay, does often actually so alter the physiological identity which is wont to exist amongst all those elements which together form the complementary existence of any special tissue as to superinduce amongst those elements that specific relation of difference and likeness which the law of infection demands. Hence it would appear that Nature, in order that the healthy processes might not be interfered with, had very beneficently so formed the elementary units of the organism as to make them specifically either too close or else too widely unlike for the possibility of self-infection, and on the other hand, it would appear, that those elements which are so close together as to be physiologically identical, as, for instance, the epithelial are to each other, might become so separated by the influence of altered conditions as to be brought under the relations of that specific difference and likeness which the law of infection prescribes. Now the phenomena uniformly manifested in the initiatory stages of disease completely vindicate this view. Take, for example, catarrhal affections. In catarrhal croup, bronchitis, etc., it is not the whole of any one surface which is affected in the beginning, on the contrary, the initial affection begins at some particular spot and afterwards *spreads*, spreads from cell to cell. What is the law for this *spreading?* There is absolutely no other answer to this question than this: that the living matter of some particular epithelial cell became, under the influences of altered conditions, so changed from its normal identity with other similar cells, that it now has the power, on account of that change, to infect those other cells. This

spreading cannot be explained upon the common theory of inflammation as understood and accepted by the profession universally. Its explanation and solution is given, and is only given in *the law of infection*, and in this law is every single and particular step of the inflammatory process distinctly and minutely foreshadowed. (*Vide* Nashville *Medical Journal*, *loc. cit.*)

But, in conclusion, I must say a word briefly and in haste touching the classes of germs which are capable of infecting the system, and how this infection is accomplished. Germs, then, are of two classes—those which are parasites and those which are not. A parasitic germ is a foreign organism. It is not evolved by the body on which it lives, although depending for sustenance on that body. But a native cell of the organism which has fallen into disease, and is, on that account, capable of infecting other cells, is not a parasite, for it holds, with every other cell of the body, a common origin from a bioplasm from which all the tissues sprang. The one, while it absorbes the nourishment which was intended to sustain the native cells of the body, acts upon that body by mechanical interference, often perforating and destroying the tissues, thus causing disease and death; the other *by entering into a vital union with the living matter of the organism and thereby disturbing the vital conditions of that living matter;* the former multiplies itself by the continued subdivision of its own body; the latter declares its kinship to the common matter of life by *fertilizing* it, thereby inducing in that matter a proliferation of cells by division; the first is *always* capable of reinfecting the same body; the second *oftentimes* is not.

But disease germs, to whatsoever class they may belong, are not only capable of living but of growing and multiplying outside of the body. It has been observed that even a human pus corpuscle will not only live in water containing animal matter in solution, but that it will grow and multiply there. Upon the authority of Beale, diseased bioplasm often consists of particles so extremely minute as to be capable of "floating in the slight currents of air in our ordinary rooms," and are estimated to "weigh many hundreds of times less than starch corpuscles or the scales from the wings of insects." These minute particles, like clouds of living dust, are capable of being exhaled from all the surfaces of an infected body and transported long distances by the air—a single one of which being capable of infecting a healthy person. Although in the beginning they consist of nothing but naked living matter, they do, nevertheless, afterwards become walled in by a comparatively thick and tenacious membrane which now protects the living matter within from external destructive influences, thus insuring for them a more protracted life.

But I cannot now pursue this investigation to its natural end. It has simply been my purpose, at this writing, to crowd into one single communication, a synopsis and summary statement of the *essential nature and cause* of morbid actions in general and how these morbid actions are accustomed to manifest themselves in the living matter of the body. In making such a statement as this it becomes necessary to briefly consider a number of other questions intimately connected with the main subject and necessary to its elucidation. Hence the paper which I present is necessarily broken and fragmentary. Nevertheless, I hold myself ready to defend all the main positions herein taken, and I call for discussion. I do not mean controversy, but discussion, a free, full and amicable discussion of the several positions taken in this paper. To such a discussion I now respectfully and cordially invite any medical brother of respectable literary and medical attainments who may feel himself called upon to defend the dogmata of the schools against the innovations I have here proposed. Of the questions touched upon in the foregoing

pages, I would place especial emphasis upon the two following as having the most intimate practical bearing upon diseased conditions generally, and to which I particularly invite attention:

1. That living matter, under certain conditions, furnishes the impulse to every pathological process, and is the sole cause and reason of these processes.

2. That every pathological process is prototyped in the physiological process of reproduction and that these processes are fundamentally one.

More than ever, I must believe, does the progressive and inquisitive spirit of these times call for free discussion, free thought and free speech, and less than ever for such institutions as "mutual admiration societies" and mutual protective journals, where, in the one case, each member must feel in duty bound to *encore* the performances of his colleagues and where, in the other, criticisms and reviews, however courteous, must be peremptorily forbidden, and especially should they deal with the medical or classical lore of one of "our associates." Nevertheless, I must entertain the notion that reviews and discussions conducted honorably, courteously and with fraternal kindness, could scarcely fail to be of much practical interest to the profession at large, and especially when directed to a subject touching the one fundamental cause of morbid actions, and the common forms by which these morbid actions are uniformly represented. Nor need the pages of a journal be burdened by lengthy articles. Short articles, trimmed of all unnecessary verbiage, dealing alone in facts which are already established, and principles which are well understood—with their logical significance and bearing—would be entirely sufficient and satisfactory. Will, then, some kind brother place me under obligations by exposing whatever of error these pages may contain?

It is not to be expected that the great men of position on this meridian—the *professores literati, medendi scientiæ*—will either assent or dissent to anything which this paper contains. This would require not only a certain knowledge of the current doctrines of pathogenesis as contrasted with the doctrines which I have here proposed, but an analysis and refutation of the facts, principles and reasonings herein presented, and which are supposed to rest upon the solid rock of logical forms. *Hic labor, hic opus est.* "The index learning which turns no student pale, though holding the eel of science by the tail," may read formulas and prescribe recipes, but it cannot grapple with principles.

KANSAS CITY, MO.

Clinical Reports.

DISPENSARY OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Surgical Clinic of Prof. L. Bauer, M. D.

REPORTED BY J. T. LAREW, M. D.

CASE OF SUB-ACUTE TRAUMATIC SYNOVITIS—CONTRACTION OF BICEPS MUSCLE—IMPERFECT FIBROUS ANCHYLOSIS.

The patient, a boy five years old, was presented at the clinic, December 18, suffering from an affection of the right knee joint. His trouble dated from a fall on the affected knee nine weeks previous. During this time the joint had been inflamed and painful, and, according to the statement of the mother, had been subjected to frequent and forcible movement, several times daily, as a means of preventing angular contraction of the limb.

The child was timid, nervous, and exceedingly irritable. He had had but little appetite or sleep for several weeks on account of the pain in the joint. His temperature was elevated and pulse frequent, though from the typical recurrence of these

symptoms they were ascribed to malarial influence. The local affection was not deemed intense enough to produce symptomatic fever. The affected joint was moderately swollen and tender on pressure and motion; the movements of the joint were impeded by the contraction of the biceps muscle and slight adhesions, so that the limb could not be fully flexed or extended.

Dr. B. stated that the trouble was a subacute inflammation of the synovial membrane resulting in an imperfect anchylosis of the joint; that the moderate affection at the commencement would have probably subsided by the observance of rest, but this was not permitted, and to this mismanagement must be ascribed the continuance of the disease.

As there were no serious changes in the component structures, the prognosis was considered favorable. The joint was rendered immovable by means of a leather splint and bandages, and quinine prescribed for his malarial fever.

A few days later the patient was again presented to the class. His fever had subided and his knee joint was notably improved. He was then placed under the influence of chloroform, the biceps divided and the splint reapplied. On December 19, the limb was fully extended and dressed with the plaster-of-Paris bandage and veneering splints. No untoward symptoms appearing, the patient was permitted to return to his home in the country, Dec. 22.

January 8, he returned much improved in appearance and weight. During the interval he had been free from pain and had made some attempts at walking on the affected leg. When the bandage was removed the joint was found in an almost normal condition, and painless on pressure and gentle motion.

On 12th inst. the interrupted splint was applied and the patient allowed to walk with the aid of crutches. In about two months passive motion will be commenced, provided there is no recurrence of active symptoms.

STRICTURE OF THE RECTUM.

The patient is a lady from the country, aged twenty-nine years. She has suffered for several years from a difficulty in passing her stools, and a muco-purulent discharge from the rectum. On account of the excessive pain produced at stool she resorted to increased doses of morphine, which has become an established habit, against which she has vainly fought.

On examination it was found, first, that the sphincter ani had been cut, and a piece of integument removed from the orifice, which, consequently did not close properly; secondly, the lower part of the rectum, for about two inches, was occupied by numerous lipomatous and pendulous growths, and directly above these was a narrow, firm, unyielding stricture through which a penholder could scarcely be passed.

She had suffered from syphilis some years ago, and this was considered a probable causation, though she gave no other evidence of that malady.

An operation for the relief of the stricture was decided upon and performed in the following manner:

When the patient was thoroughly anæsthetized, Dr. B. passed the index finger through the stricture, which was done with great difficulty, and not without considerable tearing of the indurated structures. While this was being done the tenesmus was so great as to press the stricture almost through the internal sphincter. A blunt-pointed bistoury was then passed through the stricture and its walls incised in every direction. This was followed by excision of the lipomatous growths below the stricture, which was accomplished without difficulty. Next, the rectal dilator, constructed by Dr. B., was introduced, and the stricture dilated to such an extent as to allow the passage of two fingers.

Opium was then given for a few days to keep the intestines at rest, and then castor

oil was administered and the intestinal tract cleared.

The stricture was dilated until the dilator could be passed with great readiness and opened to about one inch in diameter without much distress. The patient then returned home, being directed to use the dilator twice a day and for forty minutes at a time, so that the persistent pressure might at the same time be used as a resolvent. The repair of the defect in the sphincter has been deferred for a future operation.

Dr. B. remarked that persistent dilatation alone could protect against the recurrence of the stricture.

Against the morphine habit, strong coffee was recommended, and if this fails, quinine will be resorted to. The necessity for the drug being removed and the patient having a firm resolution to free herself, it is possible she may succeed.

Extracts and Abstracts.

THERAPEUTICS OF STARCH-DIGESTION.—Dr. Wm. Roberts, Professor of Clinical Medicine, Owens College, and Physician to the Manchester Infirmary, contributes a short article on this subject to the London *Practitioner*, Dec. 1879, which we condense still further:

The digestion of starch consists in its conversion into sugar and dextrine; it thus becomes soluble and diffusible and adapted for absorption. This change is effected by a certain ferment—or ferments—contained in the saliva and pancreatic juice. The ferment contained in saliva is termed ptyalin, and corresponds closely with the diastase of malt; it is probable that the active agent in the pancreatic juice consists of two or more ferments which not only convert starch into sugar but peptonize proteids and emulsify fats. Dr. Roberts has obtained evidence that the pancreatic ferment is a distinct body from that of saliva and malt. By "diastase" he signifies a ferment having the power of effecting the above mentioned change in starch, and designates their different varieties according to their source.

Before diastase can exercise its power the cellulose investment of the starch granules must be ruptured—unless it has undergone this change into a gelatinous state it is very slowly acted upon by diastase, hence the importance of making sure that gruels, puddings, and other farinaceous dishes prepared for invalids are thoroughly cooked.

In infants under three or four months old the saliva has but a feeble diastatic power. He has found that the pancreas of the infant at the breast is in the same predicament. The saliva of young infants has some—although a very feeble—power in this direction, contrary to the old opinions on the subject. Farinaceous articles are hence unfit for food for young infants unless artificial means are used to assist their digestion. Whenever, in older children and adults, the mouth is dry in disease, we may safely conclude that there is diminished supply of salivary diastase. We should therefore remedy this defect in such conditions by artificial means.

In malted barley we have at command an unlimited supply of diastatic power, and it is not surprising that many eyes have been turned in this direction, and that many efforts have been made to utilize this resource as a means of assisting the digestion of starchy food when the supply of natural diastase is defficient. He then proceeds to examine into the real value of the "malt extracts" which have recently been introduced into pharmacy. "These articles are now manufactured on an enormous scale. * * * The best brands—those that appear to command our English market—are Corbyn's, Kepler's, Trommer's, and the variety called 'Maltine;' and the remarks I am about to make apply exclusively to these four articles, which may be regarded as practically identical in character and merit. * * * * * The proper medicinal value of malt extracts must be held to depend entirely on the amount of diastase which they contain, and in this respect I found that the four brands already named were highly active, but not all equally so."

He has also a high opinion of a cold-water infusion of malt that he prepares by the following method: "Three ounces (or three piled-up tablespoonfuls) of crushed malt are thoroughly well mixed in a suita-

ble vessel with half a pint of cold water. The mixture is allowed to stand over night —that is to say, for twelve or fifteen hours. It is then filtered through paper until it comes through perfectly bright. The above quantities yield about seven ounces of product. Malt infusion thus prepared has a light brown color like sherry, a faint sweetish taste, and the odor of beerwort. It is nearly neutral in reaction, and its specific gravity is about 1025. * * * Its chief solid constituent is maltose, and it is rich in diastase. * * * Malt infusion is very prone to fermentation, and it must either be prepared fresh for each day's consumption, or means must be used to preserve it from decomposition. This may be easily accomplished by adding a few drops of chloroform to the infusion, and keeping it in a well-corked bottle. If the taste and odor of chloroform thus communicated to the infusion be objected to, it may be obviated by pouring out the intended dose into a wine glass two or three hours beforehand. The chloroform flies off in vapor, and the infusion is restored to its original taste and smell."

He considers the usual direction to take the malt preparation *after* a meal to be a mistake, and thinks the proper mode of taking them is to sip the dose during the progress of the repast: Malt extract may be spread upon bread or toast, or it may be used for sweetening any kind of farinaceous pudding, gruel, or porridge. An effectual commingling of the ferment with the food is thus insured.

For infants, the predigestion of starchy food, by mingling with it the necessary amount of diastase some time before its ingestion is indorsed. For this purpose the malt infusion described above is strongly commended. The mode of proceeding is as follows:

"A suitable gruel is prepared from wheat, or other flour, or from oatmeal, groats, pearl-barley, arrowroot, or any other farina. The gruel may be made with water alone, or, as is most usual, with the addition of milk or some kind of meat broth. In either case the gruel should be well boiled, and strained to separate the lumps. When the gruel or broth is cold, or at least sufficiently cool to be tolerated in the mouth, the malt infusion is added. One tablespoonful (well mixed therewith) is sufficient to digest half a pint of gruel. The action is very rapid; in a few minutes the gruel becomes thin from the conversion of the starch. When this point is reached the food is ready for use. The only precaution to be observed in the process is to make sure that the gruel is at least sufficiently cool to be borne in the mouth before the malt infusion is added," the activity of the ferment being destroyed at 157° F. Food thus predigested acquires but very little sweetness. The sugar produced by the action of diastase being maltose and *not* cane or grape sugar, and having very little sweetening power.

"I cannot take leave of this subject without adverting to the extraordinary power of extract of pancreas (liquor pancreaticus) as a diastatic agent. In this respect it far transcends any malt extract. A sample, made by infusing one part of fresh pancreas with seven parts of water, was found, on trial, to possess fully twenty times the diastatic power of the above-described standard malt infusion. Pancreatic extract must therefore be considered as taking the first rank among the available artificial aids to the digestion of starch. It may be administered for that purpose exactly in the same way as the malt infusion, but in reduced doses."

The malt extract and "Maltine" combinations with pepsin and pancreatine are practically, as well as theoretically, most efficient aids to digestion not only of amylaceous and fatty articles of food, but also of the proteid compounds, as we have repeatedly proved.

Salicylic Acid in Rheumatism.—Dr. Roberts Bartholow states (*Med. News and Abstract*) that vigorous subjects, generally with an inherited tendency to the disease, are best adapted to the action of this agent, and are often relieved by means of it with remarkable promptitude. Scruple doses should be given—not less than two drachms in the twenty-four hours—more may be required. He finds it more effective if given in solution or contemporaneously with an excess of alkali, than if given in powder by itself. He has had the most satisfactory results from giving the salicylic acid in wafers alternating with an effervescing draught of an alkaline carbonate—the officinal effervescing powder answers the purpose. A case is often effected in three or days. If it does not afford relief in this time it is probable that nothing will be gained by continuing its use.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - JAN., 1880.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

ASYLUM REFORM.[*]

Peculiar Journalistic Performances.

It is our purpose to present our readers with an outline of a contest that is now going on in the State of New York, but which has an interest for the physicians and citizens of every state that supports a lunatic asylum, for the battle is sure to extend far beyond the boundaries of the commonwealth in which it originated. This agitation has grown out of the action of the New York Neurological Society in March 1879. At that time several prominent alienists and neurologists united to petition the State Legislature for the appointment of a committee of investigation to take evidence and report on such reforms as might seem necessary. A copy of this petition is before us in Dr. Seguin's first paper. It contains two series of questions: relating to the management of asylums and to the inspection of such institutions, followed by a number of statements setting forth most clearly and succinctly the evils complained of to which the attention of the committee was particularly directed. We condense these statements into the smallest possible limits:

1. Superintendents are mostly chosen from among assistant physicians of asylums who, themselves (2) are nearly always men just issued from medical schools, who have not served in civil hospitals, whose qualifications have been submitted to no test, and who forget, inevitably, what little general medicine they knew on graduating because of the nature of their duties after becoming assistant physicians. (3) That assistants are overworked, badly paid, and appointed to asylums in too small number for the number of patients contained therein. In other words, asylums are insufficiently officered. (4) Superintendents and assistants are alike ignorant of the new anatomy and physiology of the nervous system, the part chiefly concerned in insanity; (5) with hardly an exception, they are unskilled in modern methods of diagnosis and post-mortem examination; while few of them can read in the original the contributions to insanity and its treatment of German and French scientific physicians. (6) What little pathological work has been done in our asylums at enormous cost, has been of the most elementary character, and has been ridiculed at home and abroad. The pathological laboratory of one of our asylums, liberally aided by the State, did not furnish the materials for successful competition for the great Tuke prize, for the best essay on the pathological anatomy of insanity, offered in England last year. (7) In some of the asylums, undergraduates, without *bona fide* examinations, are accepted as assistant physicians. This is highly unjust to the patients, who have a right to medical attendance in a legal sense, and also to practitioners outside. The lunacy laws of 1874 provide that no practitioner can certify to the lunacy of a patient unless he have been three years in the practice of his profession; and it thus happens that this experienced physician's diagnosis and certificate are in a measure subjected to the revision and control of men who have not yet obtained their degree, or of others who

[*] The Answer of the New York Neurological Society to the Document known as the Report of the Committee on Public Health Relative to Lunatic Asylums [Nr. 64. in Senate, May 22, 1879]. Submitted to the N. Y. Neurological Society, and unanimously accepted and ordered to be printed by the same, at its stated meeting, held at the Academy of Medicine, on January sixth, 1880.

Lunacy Reform. I. Historical Considerations. Do. II. Insufficiency of the Medical Staff of Asylums. By E. C. Seguin, M. D., Clinical Professor of Diseases of the Mind and Nervous System in the College of Physicians and Surgeons, N. Y.; One of the Consulting Physicians to the Hudson River State Hospital for the Insane, Etc. Reprinted from *Archives of Medicine*, October and December. 1879.

have just passed from the benches of the medical school to the asylum. These allegations were set forth *not* as within the personal knowledge of the petitioners, but as matters of common report.

It was notorious that abuses existed, that the condition of the insane in the county asylums was simply disgraceful, that the State asylums were conducted at a ruinously extravagant rate of expenditure, that barbarous means of restraint were employed, and that there was no guarantee for an effective medical supervision, as even the Commissioner in Lunacy was, at the very best, himself "a fit subject for inquiry as to his mental soundness," as a senator publicly stated in the Chambers!

The Senate referred the memorial to a committee made up of one "canal-ring" politician, and another sent up from the filthy slums of New York City. These persons had the audacity to summon the two hundred and fifty signers of the petition before them in Albany. Four of them actually appeared. We hardly know whether to congratulate these gentlemen on their "pluck" in going, or to express our regret that they did not consider, as they might have done, that this summons was beneath their notice.

After their return, a "garbled, grossly unfair and one-sided" * report of their testimony before the committee appeared in the public papers (Albany *Argus*), which was copied with great alacrity by several medical journals, East and West, which were presumably controlled by the powerful "asylum ring." From the official report of the Senate committee, which has at last appeared, it is evident, on its face, that every attempt was made to brow-beat and ridicule the petitioners, to impugn their motives, injure their reputations and lessen their social and professional standing. The cross-examination was a farce and documentary evidence was *excluded*.

As we go to press, the Reply of the New York Neurological Society reaches us, and in it we find a most complete refutation of the charges—open and covert—of the Senate committee. In our next we purpose giving a more extended notice of this important document. At this writing we shall be content with calling the attention of certain of our contemporaries to the false position in which they have placed themselves before the public by giving undue prominence to the maliciously false and slanderous article they have copied from the Albany *Argus*. We also have a word to say about the acrobatic performances of our esteemed contemporary, the New York *Medical Record*, in connection with the subject of asylum reform.

About a year ago that journal cordially indorsed the able editorials in the *Journal of Nervous and Mental Disease* attacking the financial management of the Utica asylum. In fact, the *Medical Record* stopped but little short of hinting that it was high time for Dr. Gray, superintendent of that institution, to show his vouchers. At the same time, the petition of the Neurological Society was strongly indorsed. In fact, one would suppose that the entire movement originated in the philanthropic heart of the accomplished editor, and that the Society had acted under his inspiration.

As soon as the *Argus* printed the "report" of the Senate committee, *presto*, the *Medical Record* turned directly around, abused the Neurological Society for having made personal attacks, for not having known anything tangible about the subjects complained of—in short, of having greatly disappointed the expectations of the *Medical Record!*

We have no certain means of knowing whether the talented editor of the *Medical Record* writes his editorials with several pens or not, hence it might be unjust to charge *him* with incoherency, for the contradictory nature of the two sets of editorials may, after all, be accounted for by the hy-

* Provisional Report of the Committee of the N. Y. Neurological Society.

pothesis that they were written by persons of opposite convictions.

A few days after this remarkable feat of editorial gymnastics, Dr. E. C. Seguin wrote to that journal, correcting its errors and exhibiting the injustice done to the Society. This able letter was published with an editorial comment of an evasive character, to state it mildly.

In its issue of Jan. 17, appears another editorial which strongly indorses the position of the New York Neurological Society (without, however, giving the Society any formal credit), and annihilates the Commissioner in Lunacy.

Now many of the readers of the *Medical Record* will come to the conclusion either that that journal is attempting to sit on both sides of the fence at once, or that its editor has no convictions worth adhering to. At all events, it will appear clearly manifest to many that the *Medical Record* intends to rob those who have begun the agitation of an important subject, with a full knowledge of the matter and the purest motives, and arrogate all the credit to itself, although it has never evinced the slightest originality in detecting abuses or ventured to approach the subject from a scientific point of view.

In the last editorial referred to (Jan. 17), the *Medical Record* seems to exhibit an ignorance of what constitutes scientific writing in the field of insanity that is truly deplorable. Although it disposes of Dr. Ordronaux's argumentation, it feels itself moved to give that notoriously incoherent and superficial official this dose of "soothing syrup" which is equal to what is claimed for the best advertised quack nostrum: "Dr. Ordronaux delivered an address which was learned and interesting, and marked by those *rhetorical graces and felicities of expression which always characterize his remarks.*"

We quote the following extract from Dr. Ordronaux's official report,* January, 1877, to illustrate what the *Medical Record* means by the words we have put in italics. The inconsistency between the first and third extracts is something phenomenal:

"Persons really cured of their insanity do not revert with pleasure to the days of their mental disorder. They do not dwell like hypochondriacs over their ills and plagues. It is a dream which they do not care to recall. Happy, grateful, *trembling* over the enjoyment of their restored powers, they are not the ones to *dabble with the feet of memory* in the turbid waters of a disturbed mind *and* passions, or to summon a public audience to the recital of scenes belonging to the night side of nature. Persons who are constantly reviewing the phenomena of their past insanity give the strongest evidence of being uncured."

"The exact limits of occultation of her memory, and the varying degrees of obscurity exhibited by it during the passage of an *umbra or penumbra over her mental horizon*, form curious phases of disordered action in the processes of recollection, and impart to her testimony a character very difficult to weigh in the balance of *intellectual* veracity."

"Because we know that insanity *permanently* enfeebles the mind, and that an act of self-introspection involving memory becomes *thenceforth more difficult*, and because also, in the effort to perform it, *the mind is apt to fall into the oldest worn channels of thought—those, in fact, which were most used during the period of its greatest insane activity.*" (Italics our own.)

We have been thus lengthy in our treatment of this subject for the reason that we infer from the editorial current of the *Medical Record* an indication of the way the wind blows, and there is some prospect of success for the movement in favor of asylum reform in New York. We do not for one moment suppose that the course of the journal in question—vascillating and unjust as it has been—will have any part in such a reform; the credit for which rests exclusively with the New York Neurological Society.

As stated at the outset, reform in the asylums of the State of New York means a thorough overhauling of every State asylum

* See N. Y. Neurological Society Reply, pp. 40-41, Exhibits T and U.

in the Union. State and county institutions will not alone be the gainers by such a renovation as public opinion is demanding, but every private *mad-house*, whether conducted by individuals or societies, will have their cruelties, their negligence and the incompetence of their management exposed in the full light of day and subjected to those reforms demanded by modern science and humanity.

HONI SOIT QUI MAL Y PENSE!—The following was recently received in response to a polite note informing the talented author thereof that he was indebted for four month's subscription to this journal at the time he very rudely ordered its discontinuance:

1— 21— 1880.

SIRS:—In reply to your card of abuse and slang, I reply, I have paid you for all I ever received from you, and a great deal more. I requested the journal stopped, as per contract with your travelling agent, and I hope you do not think me a d—d fool. I want no "Fanny Hill" papers. I think your journal the most vulgar, slangy paper I ever had anything to do with, hence I withdraw from a second year's acquaintance.

I am, in good faith, etc.,
H. S. STRAIN, M. D.,
Of Nokomis, Ill.

See Vol. VI, No. 2, pages 44–5.

It will be observed that the writer of the above effusion seems remarkably well informed on the obscene literature of the last generation. The authority(?) to which he refers, we are informed by a patient with sexual hypochondriasis, had a great reputation for filthiness about the time Dr. Strain was a callow youth. The abstract referred to was quoted from the *Am. Jour. of Obstetrics*, and has a certain medico-legal interest which Dr. S. appears to have been incapable of appreciating. *He* could see in it only a superficial resemblance to some scene described in his favorite book—the obscene publication referred to with such zest by him in his note. The abstract of which he writes appeared in the RECORD for May, 1879; Dr. S.'s subscription expired with the number for July, 1879, he never ordered his subscription discontinued until after receiving the number for December, 1879. Hence, it is very apparent, that Dr. Hugh S. Strain continued to receive and read a journal that he did not intend to pay for, for *four months*. It seems very likely that Dr. Hugh S. Strain was offended at not finding something in the RECORD's pages that his purient imagination could twist into obscenity; that he scanned its pages anxiously, month after month, looking for something with which to satiate his peculiar morbid craving, all the time intending to put on an appearance of virtuous indignation when a bill for his unpaid subscription should be presented a second or third time.

A neat "confidence operation" like that conducted by our journalistic contemporary in this city always excites our admiration, if not our commendation, but such a bungling swindle as this attempted by Dr. Hugh S. Strain, is calculated to provoke only our contempt. *Vale.*

FALLEN BY THE WAYSIDE.—"The *American Medicel Review and Index*, the *Illinois Medical Recorder*, the *National Medical Review*, the New York *Medical and Surgical Brief* and *Public Health*, have all discontinued. We promised the St. Louis CLINICAL RECORD to assist it in noticing the deaths of a few that might fall by the wayside; we come up with five."

We are under obligations to our energetic and vigilant friend, Dr. Bryce, editor of the *Southern Clinic*, for the mortuary list above quoted. Another year will probably witness a similar if not greater mortality. Judging from the present vigor of the *Southern Clinic*, however, we shall expect to see evidences of sturdy growth—on the principle of "survival of the fittest."

THE *American Journal of Obstetrics* offers "pecuniary remuneration" to its contributors. This must add to the value of its contents. Publishers are not likely to *pay* for articles unless they are really valuable.

Book Notices and Reviews.

A Text Book of Physiology. By M. Foster, M. A., M. D., F. R. S. Prælector in Physiology and Fellow of Trinity College, Cambridge. 8vo. pp. 720. With illustrations. Third Edition, Revised. London: Macmillan & Co. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth, $3 50.

This excellent manual which, through its cheapness, is placed within the reach of every student, is the best and clearest work on the subject accessible to the English reader. We have no hesitation in declaring that it is destined soon to replace the verbose, injudiciously compiled and frequently erroneous manual of Dalton in this country.

Beginning with the simplest organism, the amœba, Dr. Foster leads us gradually to the more complex, and in the course of his very first chapters takes occasion to familiarize the student with those newer methods of physiological research, which the latter will seek in vain within the compass of Dalton's work.

In discussing the amœba as the simplest physiological unit, he enumerates the properties of *contractility*, *irritability*, *automatism*, *assimilativeness*, *metabolism* and *reproductiveness*, giving short and concise definitions of each. After having thus established a preliminary understanding of the vital phenomena, he proceeds, in Book I, to describe the "blood, the tissues of movement, the vascular mechanism" The section on coagulation, is an intelligible rendition of the results of Denis and Schmidt and Bruecke. We herald as a welcome innovation the author's laying stress only on the principal ingredients of the different tissues, in cheerful contrast to such works as those of Draper and Dalton with their interminable chemical tables which, though corrected year after year by competent analytical chemists, are copied from one edition and work to another without change and form a welcome field for the cram quizz-master, though master and pupil are equally ignorant of any useful feature in such tables.

Where the author has given analytical tables, he has, by difference in type, indicated which are the more important constituents.

While, ordinarily, we find the facts relating to the origin, life and death of the blood corpuscles scattered in different chapters, we here find them condensed and arranged in a logical continuity. The author begins with the embryonic blood-cell, describes the fate of white and red corpuscles, and derives the latter from the former.

The next section, on the "Contractile Tissues," is probably the most elaborate one in the work, it is also the best illustrated. We can not, within the limits of a review, pretend to do justice to this chapter. Suffice it to say, that in addition to clearly rendering the valuable results of Pflüger, Kronecker, Bunstein, Engelmann and Bruecke, he facilitates their easier comprehension by fully describing the apparatus employed, and introducing diagrams which illustrate the relation of the diaclasts and disdiaclasts to muscular contraction.

The third chapter deals with the fundamental properties of the nervous tissues. We do not like the term "sporadic ganglia," which the writer employs to designate the small ganglia situated in the heart, intestine and bladder.

In the next chapter, on "The Vascular Mechanism," the manometer, arterial pressure, kymograph, "stromuhr" and other preliminary essentials are thoroughly considered, and then the hydraulic principles of the circulation are summarized.

It seems curious that in treating of Bruecke's (exploded) theory, that the aortic semilunar valves, close up the orifices of the coronary arteries during the ventricular systole, while the contradictions by Gaskell and Cialdini are referred to, a notice of Hyrtl's dispute with Bruecke on this very

point, one which has almost become historical, should be omitted.

The cause of the first sound of the heart is stated to be still obscure, notwithstanding the numerous and ingenious labors of Ludwig's pupils, and of Halford, and Hering. Numerous tracings are introduced to show the relation between the sphygmographic curve and the normal and abnormal cardiac mechanism. The explanation of the nervous mechanism of the heart is particularly satisfactory.

Book II treats of the "Tissues of Chemical Action with their Respective Mechanisms, Nutrition," and he proceeds herein, directly to the description of the digestive fluids. All essentials are given, and we can discover no chemical errors such as are a prominent feature of Dalton's book. The influence of the nervous system on the various secretions is next described.

In regard to the mechanism of vomiting, the author makes one statement that we must take exception to. He states that "the support afforded to the œsophagus by the diaphragm as it passes through that muscle, must also be of advantage, and the longer the portion of œsophagus between the diaphragm and the stomach, the greater will be the effect of the radiating muscles in pulling down the œsophagus, instead of dilating its orifice. This is possibly the reason why the horse and other herbivorous animals vomit with such difficulty." There are two errors here: first, it is implied that a long infra-diaphragmatic œsophagus renders vomiting difficult—it is just the contrary; second, it is hinted that the horse has this portion long, whereas we know of no animal in which it is so short, in fact, we have conceived the reason why the horse (and not *all* other herbivorous beasts) vomits with difficulty and often finds it absolutely impossible, is that the œsophagus, without any transition, abruptly expands into the stomach immediately on passing through the diaphragm.

Under the head of (Book III) "the central nervous system and its instruments," he discusses also the organs of special sense, and we are pleased to find the interesting subject of the visual purple satisfactorily dealt with.

The most cursory chapter is that on embryology, but probably the author has, like other writers of physiological text books, believed that this subject deserves treatment in special works.

In an appendix, some of the most useful and necessary chemical subjects are succinctly dealt with.

The work, as a whole, deserves a far fuller statement of its contents than we can give within the present limits. Suffice it to say, that no one who desires to become familiar with the rapid advances made by physiology within the past five years, can afford to be without this work. It is mainly experimental, and although all due justice is done to the theoretical side of the subject, yet the author has selected such experiments and made such illustrations as are best calculated to facilitate an application of the physiological law to the pathological case.

It is, therefore, not only of value to the student and investigator, but even the general practitioner will find himself *practically* the wiser for its perusal. * * *

The publishers announce a "student's edition" at a price still more reduced.

PHYSIOLOGY AND HISTOLOGY OF THE CEREBRAL CONVOLUTIONS, Also, Poisons of the Intellect. By Chas. Richet, A. M., M. D., Ph. D. (Formerly Interne of the Hospital of Paris.) Translated by Edward P. Fowler, M. D. 8vo. pp. 170. New York: Wm. Wood & Co. 1879. St. Louis: C. C. Pease, General Agent. Cloth, $1 50.

When we first read the title of the above work, we naturally supposed that it must emanate from some youthful and enthusiastic *interne* of a lunatic asylum, on whom the mental contagion had acted disastrously. There is absolutely no relation between the first part of the work, which is mainly a

compilation from Ferrier and Charcot, and the second, which is an inferior kind of popular lecture, such as, we are proud to say, no physician on this side of the Atlantic would venture to publish elsewhere than in the popular magazines, or in some of those Western medical journals which, owing to the utterly blank condition of their subscription lists, resort to the transparent device of lingering out their problematic existence with the aid of victimized "stockholders."

Richet's work is a compilation, nothing more, and although his work has passed through the ordeal of a translation at the hands of the same ingenious translator whose performance on Charcot has been fully exposed in these pages (CLINICAL RECORD, August, 1879) and it is, therefore, difficult to say which errors the translator and which ones the author is responsible for, yet, on looking over the original, we find that Richet has not even compiled correctly. He has evidently taken Meynert's views at second hand from Charcot, and duplicated the errors which the latter made. He introduces two "original plates" of the cornu ammonis, which are incorrect and imperfect in every particular.

But however that may be, we purpose to show how utterly careless some translators are in rendering the works of continental writers. Dr. Fowler actually represents the unfortunate Richet as describing a granulo-*glandular* layer in the brain! He speaks, on page 36, of spindle-shaped nerve cells which are in two places at one and the same time!! Thus: "In the *white* substance of the convolutions there exists also nerve cells which have been described by Mierzejewsky, and previously by Meynert. These cells are small * * * * and multipolar; their poles are very long; they probably are cylinder-axes. Of the nature of these elements, Mierzejewsky is yet uncertain. *They are confined to the gray substance* with which they ought to be classed."

On page 130 he speaks of a "castor's" brain, evidently not aware that this word means beaver, and he characterizes one monkey as "striped," another as "stupid." These are about as good zoological characteristics as "ring-tailed" or "bob-tailed."

But Dr. Fowler does not only appear as an anatomical and zoological reformer, he also assumes the rôle of a literary iconoclast. He yokes the ox and ass together in his "lobule hippocampi," "layer ammonis," "type hippocampi," (pages 21, 25), and reverses axis-cylinders into cylinder-axes, a truly invaluable improvement.

He "improves" on his original in other respects. As he had already taken the trouble to get up certain wood cuts for his translation of Charcot, he coolly proceeds to utilize four of them in place of the corresponding cuts of Richet. In one instance the "adopted" cut is so different from the original, that the reader becomes hopelessly mixed up.

We do not purpose to criticize the second part of the work at all, since, as a popular treatise it is, in this connection, beneath criticism. Limiting ourselves to the first part, we will say that, as it appears in the translated form, it is destined to be misleading to the student and of no value to the advanced reader. There was no excuse for the appearance of the original, and still less justification for the translation. Taking it all in all, we trust never to see its like, as we also trust never to see the like of Fowler's other translation, that of Charcot, again!

The binding is good.

INFANT FEEDING and its Influence on Life, or the Causes and Prevention of Infant Mortality. By C. H. F. Routh, M. D., M. R. C. P. L., Etc., Etc., Etc. Third Edition. 8vo. pp. 270. New York: William Wood & Co., 27 Great Jones st. 1879. St. Louis: C. C. Pease, Agent. Cloth, $1 00. Wood's Standard Library. Sold by subscription only.

The general interest taken in preventive medicine is plainly manifest in the number of excellent works which have recently ap-

peared devoted to different branches of this subject. In the great work on Hygiene and Public Health, noticed in our last issue, several chapters of marked ability were devoted to hygiene of infancy, and the work under consideration is in no way inferior to them in practical value. That it is limited in its application to the first years of life and does not enter upon the subject of school hygiene is in its favor. The latter subject necessarily would have rendered the work too voluminous and is better suited to the cyclopædic character of the larger reference book.

The importance of Infant Feeding may be inferred from the facts drawn from official statistics (page 7) that about one-third of the deaths among children in Manchester Hospital resulted from defective nutrition, and that Muir and Whitehead found that nearly eighty per cent. of one hundred and seventeen deaths of children under two years was to be attributed, directly or partly, to faulty nutrition.

Defective quality of the food supplied, defective hygienic conditions and the defective physical and physiological nature of the infants themselves are treated of as the conditions favoring infant mortality. In this connection, want of breast milk, hand feeding, the effects of bad ventilation and exposure, want of exercise, neglect and "baby-farming" are all well considered.

Following these chapters are those given to conditions that favor viability: proper food, sunlight, warmth, proper modes of administering food, feeding bottles, etc., are thoroughly and pleasantly discussed.

Part II is devoted especially to the subject of wet-nursing in all its relations; in the third part, the general principles and practice of alimentation are given. Both these sections are readable and full of excellent suggestions. In relation to the use of *tea* in infant alimentation, we believe the author has gone astray; instead of commending its use in this way we have always condemned it because of its rendering the nervous system too irritable, and doubtless laying the foundation of future nervous troubles without number. The use of malt as an aid to digestion, although mentioned in connection with "Liebig's food," is not so carefully discussed as its great importance demands.

In Part IV the symptoms and treatment, dietetic, hygienic and medical, of diseases caused by malnutrition, are carefully described. The good effects of the raw-meat diet, of pancreatic juice, and of lime-water and milk, are given in excellent style.

Altogether, the book is one of the best of the excellent series of which it forms the eleventh volume. It should be remembered that after a few months the price of the first series will be advanced from the present nominal sum of $12, to $15. Physicians would do well to take advantage of this and supply themselves with a large amount of valuable literature at remarkably small cost.

A System of Medicine. Edited by J. Russell Reynolds, M. D., F. R. S., F. R. C. P. Lond., Prof. of Princip. and Prac. of Med. in University College, Etc., Etc., Etc. With numerous Additions and Illustrations, by Henry Hartshorne, A. M., M. D., Formerly Prof. of Practice of Med. in Med. Dep't of Penn'a College, Etc., Etc., Etc. In three volumes. Vol. I. General Diseases and Diseases of the Nervous System. Large 8vo. pp. 1127. Philadelphia: Henry C. Lea. 1879. St. Louis: J. M. Chambers, Agent. Sold only by subscription. Three volumes, cloth, $15; leather, $18.

During the years that have elapsed since the appearance of the first of the five volumes of the English edition of "Reynolds' System," many additions have been made to our knowledge of disease and various improvements have arisen in the practice of our art. Hence the necessity for revising the entire work to bring it abreast with the progressive advancement of the age. The expense of bringing out a new edition, as well as the great bulk of the original work afford sufficient reason for the non-

appearance of a fresh issue of this important collection of monographs in its original form. The American edition is supervised by Dr. Hartshorne, of Philadelphia, whose peculiar fitness for the position assumed cannot be questioned.

The first volume contains the matter of nearly two of the original work. The necessary additions have been made wherever required, and several new chapters have been added by the editor. The peculiarities of American practice have their proper positions assigned them.

The chapter on "Scrofula"—one of those thus added—does not appear to us to be very satisfactory, although it is as good as anything we have examined on the subject. It is, practically, a condensation of Birch-Hirschfeld's article in Ziemssen's Cyclopædia, with a few plates taken from Green's Pathology. The author seems to be just as uncertain about the morbid anatomy, the etiology, diagnosis and treatment of "scrofula" as the host of writers who have preceded him in this alleged field of pathology. When it is recognized that all the affections known by this epithet are simply the *effects* of mal-nutrition and are never the cause of the multiple ills described, then a bug-bear of enormous proportions will be removed from the pathway of the physician. He may not have so ready an excuse for his ignorance in many cases as formerly, but, at the same time, he will not experience so much necessity for a scape-goat of the sort.

The paper, type and binding are excellent, while the arrangement of the matter in two columns upon the page is less fatiguing to the eyes than the long line extending across the page. The articles which make up the contents are each written by a master hand and are nowhere surpassed in excellence. We have no doubt but that the American edition will command a greater support from the profession than was accorded the original in the land of its birth.

A Clinical Treatise on the Diseases of the Nervous System. By M. Rosenthal, Professor of Diseases of the Nervous System of Vienna. With a Preface by Professor Charcot. Translated from the Author's Revised and Enlarged Edition by L. Putzel, M. D., Visiting Physician for Nervous Diseases, Randall's Island Hospital. Physician to the Class for Nervous Diseases, Bellevue Hospital Out-door Department, and Pathologist to the Lunatic Asylum, B. I. Large 8vo. pp. 555. New York: William Wood & Co., 27 Great Jones st. 1879. St. Louis: C. C. Pease, Agent, 514 Olive street. Cloth, $5 50.

This is a reissue of the work noticed in our November number as forming two volumes of "Wood's Library of Standard Medical Authors." In accordance with the requests of many teachers, Messrs. Wood & Co. have reprinted this Treatise upon excellent paper, forming one handsome volume, and placed it upon the market in the best style of that eminent publishing house. No subscriber to the "Library" can find fault with this, for the price has been more than doubled, while many who do not desire all the volumes of the series can thus be accommodated. So far as the contents and quality of the work are concerned, we must refer our readers to the review before mentioned.

Medical Chemistry, including the Outlines of Organic and Physiological Chemistry. Based in part upon Riche's *Manual de Chimie*. By C. Gilbert Wheeler, Prof. of Chemistry in the University of Chicago, and formerly Professor of Organic Chemistry in the Chicago Med. College. Second and Revised Edition. 12mo. pp. 424. Wm. Wood & Co., N. Y. 1880. From the Author. Cloth, $3 00.

Something over two years ago we had occasion to strongly commend Professor Wheeler's Organic Chemistry; this we now repeat with respect to the first part of the present volume. The second part, on animal chemistry, is also very satisfactory. The author does not accept the recent views regarding the origin of fibrin, which we must think is a mistake on his part.

The "ferment" required for the action between fibrino-plastin and fibrinogen to develop fibrin is furnished by the white blood corpuscles, if we may accept the results of some recent researches. The author, however, gives most of the facts added by the latest laborers in this field, and presents them clearly and succinctly. It is as pleasantly written as a book devoted to such subjects can well be, and the earnest student of a notoriously "dry" branch of science will find his pathway made as easy as possible.

HYGIENE OF THE VOICE. Its Physiology and Anatomy. By Ghislani Durant, M. D., Ph. D., Member of the Am. Med. Association, of the Med. Society of the County of New York, Fellow of the N. Y. Academy of Medicine, Etc. A new and revised Edition. 12mo. pp. 188. New York: Cassell, Petter, Galpin & Company, 1879. St. Louis: Hugh R. Hildreth's Pr't'g Co. Cloth, $1 50.

Dr. Durant has carefully revised this edition of his popular work, and rendered it very complete—sufficiently so for the ordinary reader. In the list of works referred to we are surprised not to see Tyndall's remarkable lectures on sound; they are worth more than all the others together. Singers and public speakers will be benefited by a careful perusal of Dr. Durant's book.

A SYSTEM OF MIDWIFERY, Including the Diseases of Pregnancy and the Puerperal State. By Wm. Leishman, M. D., Regius Prof. of Midwifery in the Univ. of Glasgow; Phys. for Dis. of Women, and Cons. Phys. to the Obstet. Dept. in the Glasgow Western Infirmary, Etc., Etc., Etc. Third Am. Edition, Revised by the Author. With Additions by John S. Parry, M. D. With 205 illustrations. 8vo. pp. 732. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $4 50; sheep, $5 50.

The last edition of this work was so well and favorably received by the American profession and is so well known to our readers that it is not necessary to give the present issue more than a passing notice. The author has carefully revised his work so as to embrace almost all the latest advances in this branch of medical science. We are greatly pleased to observe that the valuable additions made to the second American edition by the lamented Dr. Parry have been mostly preserved in this third edition.

This work is a thoroughly good one and is well adapted to the requirements of the practical obstetrician. It is something more than a compend designed for the medical student: it is a book to be studied by the practitioner and it will seldom disappoint him. It is of convenient size, clearly written and eminently practical. As such, we heartily commend it to our readers.

AMERICAN HEALTH PRIMERS:—
THE THROAT AND THE VOICE. By J. Solis Cohen, M. D., Lecturer on Diseases of the Throat and Chest in Jefferson Medical College, and on Physiology and Hygiene of Voice in the National School of Elocution and Oratory. 16mo. pp. 159. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: Book & News Co. Cloth, 50 cents.

Dr. Cohen has an enviable reputation as a practitioner and writer on all subjects connected with the throat. This "primer" is written in a familiar, conversational style which renders the precepts given easy of comprehension, and well adapted to the uses for which they are intended. It is one of the best of the excellent series edited by Dr. Keen, and deserves a large circulation.

AMERICAN HEALTH PRIMERS:—
THE MOUTH AND THE TEETH. By J. W. White, M. D., D. D. S., Editor of the *Dental Cosmos*. 16mo. pp. 150. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: Book & News Co. Cloth, 50 cents.

American dentists are the best in the world, and our dental literature occupies a very high position. The editor of the *Dental Cosmos* has had much to do with advancing the art to its present high degree of perfection, hence no better selection could have been made by the editor of the

series of a writer to treat of the hygiene of the mouth and teeth. The little work contains everything required by the common reader, while it may be studied by many physicians with profit. The arguments adduced in favor of "lancing the gums" in all cases of so-called difficult dentition are, to us, far from conclusive. We believe that, as ordinarily practiced, it is a custom —a routine practice—often made use of as a make-shift to cover ignorance or carelessness, and worse than useless.

A Treatise on the Science and Practice of Midwifery. By W. S. Playfair, M. D., F. R. C. P., Physician-Accoucheur to H. I. and R. H. the Duchess of Edinburgh; Prof. of Obstet. Med. in King's College; Physician for the Diseases of Women and Children to King's College Hospital, Etc., Etc., Etc. Third American Edition, revised and corrected by the Author. With notes and additions by Robert P. Harris, M. D. With 2 plates and 183 illustrations. 8vo. pp. 655. Philadelphia: Henry C. Lea. 1880. St. Louis: Book & News Co. Cloth, $4 00; Leather, $5 00.

The success of this work must be very gratifying to both author and publisher. It is only about three months since we had occasion to notice a new edition, which was entirely exhausted within a few weeks. The American medical student is ever ready to appreciate a good book, but it must be surpassingly good to command such a support as has been given Dr. Playfair's excellent work. Its popularity is little short of phenomenal, and, we must candidly say, that in this instance, it is deserved.

It is fully up with the times, short, concise and readable, while American work in the field of obstetrics is fully credited.

The Physician's Visiting List for 1880. Twenty-Ninth Year of Publication. Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. Tucks. $1.

This is an old favorite and needs no introduction to most of our readers. Many physicians have used it throughout their professional career and cannot be induced to exchange it for any other.

BOOKS & PAMPHLETS RECEIVED.

Chemical Physiology and Pathology. By Victor C. Vaughan, M. D., Ph. D., Leeturer on Medical Chemistry in the University of Michigan; Etc., Etc., Etc. Part II. Plates. 8vo. Ann Arbor: Sheehan & Company, Publishers. 1879. Mailed to any address on receipt of $1.

The Student's Guide to Diseases of the Eye. By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon to St. Thomas' Hospital. 12mo. pp. 369, with 89 illustrations. Philadelphia: Henry C. Lea. 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, $2 00.

A Manual of the Practice of Surgery. By W. Fairlie Clarke, M. A. and M. B. (Oxon.), F. R. C. S., Assistant-Surgeon to Charing Cross Hospital. From the last London Edition, Revised and Edited with additions, by an American Surgeon. 8 vo. pp. 316. New York: Wm. Wood & Co., 27 Great Jones street, 1879. St. Louis: C. C. Pease, Agent, 514 Olive st. Cloth, $1 00. Sold only by subscription.

A Treatise on the Theory and Practice of Medicine. By John Syer Bristowe, M. D., Lond., Fellow and formerly Censor of the Royal College of Physicians; Senior Physician to and Joint-Lecturer on Medicine at St. Thomas' Hospital, Etc., Etc., Etc. Second American Edition Revised by the Author with Notes and Additions, by Jas. H. Hutchinson, M. D., one of the Attending Physicians to the Penn'a Hospital; Physician to the Children's Hospital, Philadelphia. 8vo. pp. 1081. Philadelphia: Henry C. Lea. 1879. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, $5; leather, $6.

Paracentesis of the Pericardium. A Consideration of the Surgical Treatment of Pericardial Effusions. By John B. Roberts, A. M., M. D., Leeturer on Anatomy in the Philadelphia School of Anatomy; Demonstrator of Anatomy in the Philadelphia Dental College; Fellow of the Philadelphia Academy of Surgery. With illustrations. 12mo. pp. 100. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton street, Covent Garden. 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, $1 25.

LECTURES ON THE DISEASES OF THE NERVOUS SYSTEM. Delivered at La Salpêtrière by J. M. Charcot, Professor to the Faculty of Medicine of Paris; Physician to La Salpêtrière; Member of the Academy of Medicine; Etc., Etc., Etc. Translated from the second edition by George Sigerson, M. D., M. Ch., Lecturer on Biology and Ex-Dean of the Faculty of Science, Catholic University of Ireland, Etc., Etc., Etc. 8vo. pp. 271, with illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $1 75.

OUTLINES OF THE PRACTICE OF MEDICINE, With Special Reference to the Prognosis and Treatment of Disease. With Appropriate Formulæ and Illustrations. By Samuel Fenwick, M. D., Lecturer on the Principles and Practice of Medicine at the London Hospital, Etc. 12mo. pp. 387. Philadelphia: Lindsay & Blakiston. 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, $2 00.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted 1847. Vol. XXX. 8vo. pp. 1028. Philadelphia: Printed for the Association. Collins, Printer, 705 Jayne st. 1879. From the Librarian of the Association.

REPRINTS:—

ŒSOPHAGISMUS, A Typical Case of True Spasmodic Stricture of the Œsophagus Resembling Organic Stricture, Completely Cured by the Passage of a full-sized Œsophageal Sound. With Remarks on the Subject. By J. J. Hanna, M. D. (*Hospital Gazette.*)

Miscellaneous Notes.

DOUBLE PNEUMONIA AND ABORTION.—Dr. L. A. Rutherford, of Macon, Georgia, (Philadelphia *Med. and Surg. Reporter*), relates the following interesting case:

On the 11th of March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot, both cheeks flushed, eyes suffused, respiration about 23, pulse 120. Complained of severe pain in both sides of the chest. Cough constant. Both sides dull on percussion, right side more involved. Respiratory murmur at upper part of both lungs very loud, accompanied by some fine crepitation. Tongue very broad and flat, deeply furrowed in centre, base covered with a dense, dirty, brownish fur, lips red, breath very offensive. Diagnosed double pneumonia. Ordered a large mush poultice, to cover both sides of the thorax, to be as hot as the patient could endure it. Acetate of ammonia, in one-drachm doses, to be given every three hours. Five grains of dextro-quinine every six hours. Eleven A. M. next day pulse was 120. Right lung more involved, pain more acute, respiration more rapid, mouth dry, tongue more brown, fissure deeper, heat of skin 103½°. Ordered poultice to be continued, and increased my dose of dextro-quinine to twelve grains, to be given at once, and repeated in four hours. At nine P. M. saw the patient; complained of diarrhœa. Three doses of dextro-quinine were taken, and the symptoms were much improved. For the diarrhœa a few drops of Monsell's solution of iron were ordered every hour. Nourishment principally consisting of milk. Dextro-quinine was given only twice during the night. On the morning of the 12th symptoms much improved, though the dullness was as great, but heat and restlessness abated somewhat; diarrhœa under control. During the next two days the acetate of ammonia was continued in one-drachm doses, every four hours, five grains of dextro-quinine to be given three times a day.

On the 15th I was called in haste to her. Found pulse 135, respiration very rapid, skin very hot; two slight convulsions came on while I was with her. Ordered beef tea and milk to be given frequently, in small quantities. Tincture of veratrum was given in small doses every hour. Four o'clock I saw her again; was told that labor pains were on her. She was four months advanced. Made a vaginal examination, and found the os dilated, perineum soft and yielding, but little hemorrhage, and before I left the house the fœtus was expelled, minus the placenta. The shock this abortion inflicted on the system was fearful; she became semi-comatose, pulse went up to 150, small and thready, breathing diaphragmatic. Several convulsions then came on. Hard ones were on her twenty minutes or more. Face was pale, skin of body intensely hot, while the extremities were cold. Something had to be done forthwith, and as I put about as much faith in dextro-quinine as most men do in a good brake on

an express train, I poured out what I thought to be a good twenty-grain dose of that drug, which was dissolved in a solution of tartaric acid, and poured it down her throat. This was repeated in an hour. It was certainly marvelous to witness the effects produced. In two hours the pulse was reduced forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten grains again; by night she recovered her senses. Next day I found, to my surprise, that there was very much less solidness of lung than at any time since I first saw her. I removed the placenta with a hook this day; but very little hemorrhage occurred at any time. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time on the convalescence went on uninterruptedly. I make no comments on this case, but would ask the attention of the profession to the line of treatment followed, which I believe will be found a successful one in cases, both of double pneumonia, pleuro-pneumonia, intermittent fever, and allied diseases.

DEATH FROM CHLOROFORM (*Maryland. Med. Journal*).—Bardeleben had witnessed more than thirty thousand cases of chloroform narcosis up to 1876, without a death; in this year four fatal cases happened in his clinic, which has led him to employ in future only chloral-chloroform. The first case was that of a boy, aged twelve, suffering from white-swelling of the knee, with acute angular contraction. He presented distinct evidences of scrofula and rachitis. Repeated auscultation and percussion excluded any morbid alterations of the thoracic organs. All precautions were taken; the stomach was empty, the clothes loosened and horizontal posture secured. The anæsthetic was administered very slowly and with free admixture of atmospheric air. The operation contemplated (stretching of the crooked joint) was carried out without violence, loss of blood, or external wound. Suddenly the heart ceased, respiratory movements continuing quietly and without interference; a few minutes later the latter ceased also and life could not be restored although the most energetic efforts were made.

For similar cases, in which death evidently results from primary paralysis of the heart and not from suffocation, Bardeleben recommends the subcutaneous use of sulphate of strychnia, as proposed by Liebreich; in this case, the measure was resorted to but too late to be of any avail.

Post-mortem revealed fluidity and dark color of the blood. The sinuses of the encephalon, the great veins of the pia mater, and the heart cavities (of which the left ventricle was alone contracted) were full of blood. The heart structure appeared perfectly normal. At the apex of the left lung there was a small, shrunken, cheesy deposit, the size of a bean; the entire right lung was adherent by old and firm adhesions, was somewhat paler than the left, but completely pervious to air. The bronchial glands were as large as walnuts and contained cretaceous deposits.

It is to be regretted that Prof. Bardeleben does not give his reasons for preferring chloral-chloroform to sulphuric ether as an anæsthetic. Probably he is so wedded to chloroform that he is unable to perceive the manifest advantages of ether. It cannot be too often repeated that ether is safer than chloroform no matter how pure the latter may be.

THE New York *Medical Record* has added to the number of its pages. No increase in subscription price.

THE St. Louis *Medical and Surgical Journal* makes its appearance twice a month. The price has not been increased, while it gains in good looks.

THE *Practitioner*, a new monthly journal published in Baltimore, and devoted to "Medical, surgical, obstetrical and dental sciences," made its advent with the new year. Its editors are Harvey L. Byrd, A. M., M. D., and Basil M. Wilkerson, D. D. S., M. D., the latter being also the publisher. $2 00 per annum. The title is badly chosen, there being already in the field the London *Practitioner*, the *American Practitioner*, of Louisville, the *Country Practitioner*, of Beverly, New Jersey, and the *Southern Practitioner*, of Nashville. Aspirants to editorial honors should show more originality in naming their offspring.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, FEB., 1880. NO. 11.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FŒTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878–79, *and* 1879–80.

BY EDWARD C. SPITZKA, M. D.,

Professor of Comp. Anatomy and Embryology, Columbia Veterinary College; Vice-President of the N. Y. Neurological Society; Curator and Pathologist to N. Y. Medico-Legal Society; Physician to Dept. of Nervous Diseases, N.E. Dispensary; W. and S. Tuke Prize Essayist; Hammond Prize Essayist. Etc.

LECTURE V.

When, at the end of the second lecture, I discontinued the consideration of the germ changes proper, I had traced these to a period when the future human being was represented by a hollow sphere, whose walls were formed of two layers: an outer, composed of numerous smaller elements and known as the *ectoderm*, an inner, composed of larger, less numerous elements and known as the *entoderm*.

If we examine such a germ as a whole, and have stained it as a preliminary in perosmic acid, chloride of gold or carmine, we will find that its surface layer, the ectoderm, is arranged in a beautiful mosaic, as it were, the different *cells* being more or less cubical or hexagonal prisms and fitted accurately together. The germs of the human being are rarely obtainable at this stage, and when found are usually macerated, so that our knowledge of the vesicular germ is mainly derived from a careful comparative study of the corresponding stages of the germs of the rabbit and dog.

I have been so fortunate as to secure vesicular germs from cats of every desired stage, and am able to confirm the results obtained by Hensen in the case of the rabbit's embryo with one single exception. These results have also been verified by Van Beneden and Kölliker.

The vesicular germ does not consist of two layers *throughout* from the *beginning*. Only the ectoderm is entirely continuous, the entoderm is denser at one point and becomes gradually thinner as it spreads on the interior of the ectoderm. The *cells* of the entoderm are arranged in strands which anastomose, so that a sort of mesh-work results, but finally even the meshes become obliterated so that we finally have a continuous cell-stratum in place of the mesh work. Where the entoderm first developed distinctly and where it is also densest, we have an opaquer part of the germ vesicle; this is the *discus germinativus* of Hensen, (*gastrodiscus*, Van Beneden), the *area embryonica* of other authors. Bischoff, and after him, the various compilers have claimed the existence in the mammalian germ of an *area pellucida* and an *area opaqua*, as in the chick. Such a differentiation is not observable, we are justified merely in speaking of an *area embryonica* as the part in which the future embryo appears, and distinguishing the rest of the vesicular ovum, as an accessory portion. It is true, however, that the *area embryonica* is homologous with the *area pellucida* of the chick.

In explanation of this homology it may be well to cast a glance at the chick's germ, while in a corresponding stage. We here find that the germ-yolk, after undergoing segmentation, shows a central transparent area of a pear-shaped outline, and a peripheral more opaque area. The body of the chick developes in the central area (*a. pellucida* syn, *embryonica*); the peripheral portion is the one which I described as ultimately surrounding the *nutritive* yolk, and developing blood-vessels (Lecture III), this is called the *area opaqua*, or *vasculosa*, and corresponds to the "accessory portion" of the mammalian germ-sphere.

In the centre of the mammalian *gastrodiscus* the entoderm divides into two layers, the one nearest the ectoderm is composed of small round elements, the innermost consists of flat endothelium-like cells. The germ sphere, which previously consisted only of two layers now consists of three in one spot, two in others, and still further outward only of one layer, namely, the ectoderm solely.

The point where we have *three* layers is not in the centre of the area germinativa (gastrodiscus), but at the margin, in fact, at the very spot where the future tail end of the embryo is to be developed. If we place side by side the two stages in which this part of the germ has respectively two layers and then three, we will have the following metamorphosis clearly exhibited:

2-Layered Stage.		*3-Layered Stage.*
1. Upper layer.—(Ectoderm.)	Forms 1.	Upper layer. (Epiblast.)
2. Deeper layer.—(Entoderm.)	Forms 2.	Middle layer. (Mesoblast.)
	Forms 3.	Deeper layer. (Hypoblast.)

That is, while the ectoderm continues as a unit, under the name of *epiblast* which term is given only for the purpose of making it correspond in its terminal syllable with the names of the two other layers, the entoderm has divided into the *mesoblast* and *hypoblast*.

With the establishment of these three *germ layers*, the study of embryology proper begins. All preceding stages have been so many gradual steps by which from the first chaotic and then segmenting vitellus, the three layers became built up. In a crude way all these processes may be compared to the contrivances resorted to by an architect who is ordered to build a house out of a single huge rock. He first blasts the rock into smaller and still smaller fragments—segmentation; then he sorts the building stones into groups, each being utilized in the construction of a certain part of the house—arrangement into germ layers; finally he groups the series of stones so as to enclose rooms, passageways and recesses—the germ layers undergo various foldings and surround the cavities and passageways of the embryo.

The knowledge of the germ layers is the foundation of modern embryology. Just as this science dates from the discovery of the mammalian ovum by von Bær, so the main impulse given to this science dates from the enunciation by Pander and Remak of the germ layer doctrine.

Just as each germ layer has its special position in the gastrodiscus, so also it has its special part to play in the formation of certain organic systems, individual organs and parts of organs.

It may be here preliminarily announced that the *epiblast* is destined to form, 1st, the entire epidermis of the skin; 2, the epithelium of the oral cavity; 3, the epithelium of the nasal cavity; 4, the crystalline lens; 5, the retina; 6, the olfactory epithelia; 7, the gustatory epithelia; 8, the epithelia of the internal ear; 9, the proper nervous tissues of the central nervous system.

Destined, therefore, principally for the formation of cutaneous and nervous tissues it has been styled, not inaptly, by German writers, the neuro-corneous layer (Nerven-Horn-Blatt, Remak).

The mesoblast forms the, 1, *chorda dorsalis*; 2, all the connective substances from the hard bone to the gelatinous vitreous humor; 3, the fluids of the body; 4, all

the blood-vessels; 5, all endothelia, both of serous membranes and of the circulatory organs; 6, the parenchyma of many glands; 7, the voluntary and involuntary muscles; 8, the genito-urinary apparatus.

The same writers, with equal propriety, have termed it the motor-germinative layer (motorisch-germinative Blatt, Remak; vascular layer, Pander).

The hypoblast forms the epithelia of the alimentary canal, and of all the channels that empty into it, that is, the ducts of the digestive glands, and the respiratory tract, which is originally a diverticulum of the alimentary canal.

It has been, therefore, termed the intestino-glandular layer (Darm-drüsen-blatt, Remak; Schleimblatt or mucous layer, Pander, Wolff).

It will be seen, after a short reflection, that the *epiblast* furnishes those tissues which are concerned in *sensation* (peripheral organs of special sense, and central nervous system) and that the *hypoblast* furnishes those which are concerned in *assimilation* (alimentary and glandular epithelia). As these are the essential functions of animal life, His has endeavored to group the two layers of the germ from which the organs subservient to them are built up under the name "ARCHIBLAST." It is observed, on the other hand, that the mesoblast furnishes the accessory organs of support, the skeleton which holds the body in shape and the connective tissue frameworks which perform the same office for the several individual organs. It also furnishes the apparatus by which the products of assimilation can be carried from place to place (circulation). For this reason His termed it the "Parablast."

In making this sharp demarcation, His labored under some serious misapprehensions which diminish the value of what is otherwise an ingenious and suggestive classification.

His also attempted to establish a new germ-layer theory, in which the epiblast and hypoblast were to be considered as the *primary* germ-layers, while what we have termed the mesoblast was described as two separate and *secondary* layers, of which the upper one was *formed by* the epiblast, the lower one *by* the hypoblast.

All those, myself among the number, who had the privilege of attending the model lectures and witnessing the ample and excellent illustrations of this masterly instructor, were convinced of the truth of these teachings.* I have since seen reason to consider his views in this particular as erroneous; in his later writings, too, His does not seem to lay the same emphasis on the new classification as he once did. It may be safely stated, that the old view of Remak, with some few and minor modifications, is established on an absolutely firm basis, and that every new discovery in the field of embryology only lends strength to the *tri-blastoderm doctrine.*

In saying what tissues were derived from the different germ-layers, I mentioned only those formed *within* the proper body of the embryo. There are other parts *outside* of the embryo, such as the amnion, allantois and umbilical cord, which are also formed from one or more of these germ-layers. This should not be forgotten, it will be detailed in another lecture.

If I left the student right here, he might remain under the impression that whole viscera were derived from a single germ-layer. This, except with reference to one organ, the heart, would be an inaccurate conception. The spinal cord and brain, though originally derived from the epiblast alone, are finally entered by connective tissue elements and blood-vessels derived

*I can refer those who desire illustrations of the embryological metamorphoses to no better a work than to His' Die Entwicklung des Huhnchens im Ei. There are other icónographs, but none so instructive to the beginner; among these are Gœtte-Die Entwicklung der Feuerunke (Bombinator Igneus) merits mention for its thoroughness, accuracy and—enormous cost.

from the mesoblast; the intestine, though at first composed solely of hypoblast elements, is finally strengthened by the addition of submucous, muscular and serous tunics derived from the mesoblast likewise. In short, it is difficult to find an organ, purely mono-blastodermic in origin, the crystalline lens, for example, is the purest accumulation of epiblast epithelium known, yet it has a capsule derived from the mesoblast.

Even those organs solely derivable from the mesoblast, such as the heart and the voluntary muscles, owe their formation to the coöperation of different and, among themselves, distinct sections of that same germ layer.

The subject of embryology, therefore gains in complexity as we advance to the more developed condition of the human being.

We shall, therefore, take up the changes of the germ-layers *as such*, before studying the formation of the individual organs.

NEW YORK, 130 East 50th street.

Original Communications.

NEW MODIFICATION OF SMITH'S ANTERIOR SPLINT FOR FRACTURES OF THE FEMUR.

BY G. WILEY BROOME, M. D.

A cripple came limping into my office, holding in his hand a claim upon the Traveler's Insurance Company for ten dollars per week for the space of twenty-six weeks, which disability was purely in consequence of a fracture of the femur, and, I may add, its treatment.

Twenty-six weeks prior to the call, he was precipitated over an embankment with a railway engine and sustained an uncomplicated fracture of the femur at about its middle third. Patient was carried home and shortly after dressed upon the straight suspension splint of Prof. N. R. Smith as modified by Prof. Hodgen.

It appears that a week elapsed during which time he rested well, but after this time he begau to suffer with his heel, from which part extension is made by the adhesive strips. He stated that from this on, during the confinement to bed, he suffered the most excruciating agony, and his intelligence and good judgment assured him that had it not been for the continual suffering from nervousness due to this persistent source of torture, his confinement to bed would have been greatly curtailed.

The splint was removed and the patient assisted from his bed, when he discovered that the joints of the injured member had become stiffened and useless and the tissues above which were in disorder and

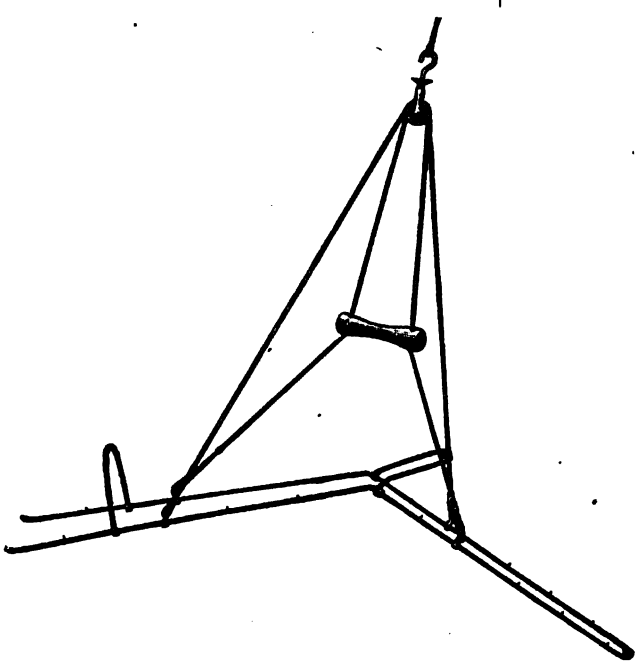


FIG. 1.

inelastic, while he found there was no pain at the site of fracture, yet he was helpless in consequence of this state of affairs.

In my own practice and observation with this class of injuries and with the splint used in this case, I was persuaded, long since, that there was a growing and imperative demand for a reduction in the degree of hurtful injuries following the use of this instrument.

I desire to place before the profession an additional modification of the splint, known as Prof. Hodgen's, which has been made with the view of obviating these painful and, may be, damaging consequences in treatment, the cuts of which are herewith given.

It will be seen that the adhesive strips are applied above and to either side of the knee, but do not have purchase below that joint. The leg and foot have freedom, and hence there cannot follow a stiff knee and ulcerated heel; the consequent discomfort to the patient and chagrin and possible damage to the surgeon are dissipated.

Explanation of the practical application of the splint does not seem necessary, since this is done quite similarly to the application of Prof. Hodgen's splint, which has been thoroughly and fully demonstrated to the entire profession.

519 Pine street.

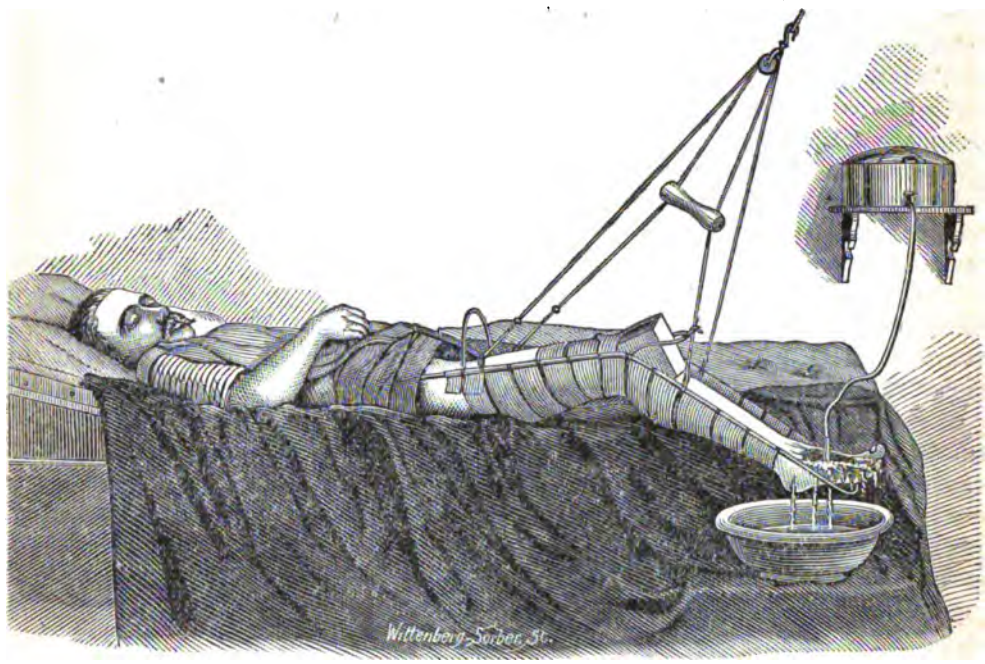


FIG. 2.

HISTORICAL RESEARCHES ON THE LIGATURE.

BY FELIX FERRIERE, M. D.

"Felix qui potuit rerum cognoscere causas."—*Virgil.*

I.

Considering the ligature in its effects exclusive of its material, I will define it: the tying of a bleeding vessel to prevent or arrest hemorrhage; but before we come to its history, let us glance at the different periods of medicine in which it might have originated.

The first period extends from about the twelfth century before our era until five

hundred years before Christ; the second period extends from the last date to three hundred and twenty years before Christ, or to the time of the founding of the school at Alexandria. Now, the question arises: was the ligature known in those two former periods?

As we have no writings to solve that question, except the "Hippocratic collections," which comprehend the traditions of the Asclepiads of the first period, and the Hippocratic medical science of the second, I will first confine myself to a scrutiny of that precious document:

Dujardin, in his History of Surgery, Vol. I, Book III, page 210, confesses that, concerning hemorrhage, he was unable to find anything in the "Hippocratic collections" but compression and cauterization; whilst Emile Isensee, a more attentive observer, asserts, in his History of Medicine, Vol. II, page 819, that the Asclepiads and their successors, from the time of Nebrus (six hundred years before Christ), their most eminent representative, the same who poisoned the cisterns at the siege of Crissa, had performed not only trepanning and embryotomy, but also the ligature. The assertion seems, indeed, to be confirmed by Celsus, at the end of the first century, who recommends the ligature, not as a modern invention, but as a tradition of the old primary and Alexandrian schools, of which he remains one of the most faithful compilers. Finally, in the last century, the learned researches of Cocchi, a friend of Newton, which appeared in his elaborate work, "Græcorum Chirurgici Libri," would conclusively decide the question in favor of the historian Isensee.

The teachings of Celsus on the ligature are very explicit. He advises us to make two ligatures on the bleeding vessels, and to cut between the threads. As for Galen, having been the first to prove that the arteries did not contain air (hence their name), but really blood, he boldly uses the ligature on these vessels.

The ligature continued to be used in the Middle Ages without the exclusion of compression and cauterization, such as Galen had recommended it, principally because it was taught by Galen, the only medical authority in those times; and when, in the sixteenth century, Vesalius made his appearance to shake the belief in that demi-god, he found the ligature as a relic of the past, but very much neglected, because of the anatomical ignorance in those dark ages, and perhaps, also, on account of the prejudice against war-like implements.

From the above historical recital, no one will find it very wonderful to see, in the fourteenth century, the Italian, Lanfranchi, professor in the Surgical college instituted by Pitard, that friend and physician of Louis IX, better known as Saint Louis, teach and perform the ligature of the *arteria brachialis* (Lanfranchi, Chirurgica Magna et Parva).

I have avoided, so far, to speak of the ligature after amputations. This question forms the second part of my article, and contains the most important and serious point of this historical investigation.

II.

Was Ambroise Paré the originator of the ligature after amputations?

From the introduction to the works of A. Paré, edited by Malgaigne, we glean the following (See Vol. I, page 232):

A. Paré, born at Laval about 1517, after having served his apprenticeship of barber-surgeon, came to Paris and was admitted to the Hotel Dieu as a student and assistant. There he remained three years. In 1536, he made his first campaign as a surgeon in the army of Montejean, against Charles V. He knew nothing about gunshot wounds but what he had learned from Jean de Vigo, surgeon to Pope Julius II, and consequently was firmly convinced, like his illustrious instructor, of the poisonous qualities of gunshot wounds communicated to them by the poisonous qualities of the

powder. Hence, the cauterization of those wounds with boiling oil, adopted by the surgeons in those times.

A. Paré, having observed that some wounded soldiers who did not undergo that barbarous treatment fared better than the others who had, took the determination to change his practice. He was fully convinced, from that moment, of the non-poisonous qualities of wounds by fire-arms. I pass over his interview with the first Sylvius and the encouragement he received from him, to arrive quicker before Damvilliers, a besieged place. There, A. Paré says abruptly to Etienne de la Rivière and François Rasse, two surgeons of St. Cosme, "Since we use the ligature in recent wounds, why should we not use it also after amputation?" and going directly to a gentleman in the service of M. de Rohan, who had his leg shattered by a cannon ball, he amputated it, and instead of boiling oil, employed the ligature. The gentleman, you may think, approved very much of this novel method, glad to escape the torture of the old incendiary treatment.

From that eventful epoch, the ligature after amputations was generally adopted all over the world, and Ambrose Paré, the father of modern surgery, proclaimed the inventor and discoverer of that humane method.

In the name of Archigenes, I do here protest against that historical injustice, and let Malgaigne, and Renonard particularly, who reproduces Malgaigne when he calls Paré the discoverer of the ligature after amputation, or any one in their stead, whom it belongs to, lend a calm and considerate attention to the reasons of my solemn protest:

Archigenes, who lived in Rome towards the beginning of the second century, was very well known by Galen, who tells us he enjoyed the greatest reputation, though, adds he, he was very quarrelsome. This insult from Galen will not surprise those of us who have read the book of Galen, "*De Prœnotione*," in which he accuses all his contemporanious surgeons in Rome of every crime imaginable. In spite of that, Archigenes will remain as the most precious jewel in the crown of the pneumatic school. His works have been lost, except what the compilers, Oribasius, Aetius and Paulus Ægineta have saved from them. Oribasius, in the third century, particularly, that learned friend of the Emperor Julian, and made by him quæstor of Constantinople, has handed to posterity in his "*Medicinalia Collecta*," a treatise written by Archigenes under the title of *De Partibns Amputandis Libellus*. In this little book we find his method of amputation service able up to date, and in which he teaches the ligature of every artery separately after amputation, as taking the place of cauterization.

Consequently, if Archigenes, in the second century, taught and practiced the ligature after amputation, Ambroise Paré, in the sixteenth century, cannot be accepted as the inventor and discoverer of that improved method; and, *hoc est quod erat demonstrandum, demonstratum, demonstratissimum.*

Another proof of the priority of Archigenes is the rejection of that mild method by two surgeons of the second century, Leonides and Heliodorus, and mentioned by Oribasius, Ætius in the sixth century and Paulus Ægineta in the seventh. Paulus Ægineta, himself, followed the wrong steps of Leonides.

One word more, *soit dit en passant.* Dr. Thomas, a literary gentleman of Philadelphia, tells us, in his Biographical Dictionary, article "Heliodorus," page 1157, that Juvenal mentions Heliodorus in his tenth satire. I have, in my possession, three different copies of Juvenal, but in none of them is the name of Heliodorus to be found, therefore, let Dr. Thomas gracefully correct this little oversight in his next edition.

St. Louis, 212 Walnut street.

Clinical Reports.

DISPENSARY OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Surgical Clinic of Prof. L. Bauer, M. D.

REPORTED BY J. T. LAREW, M. D.

CASE OF AMPUTATION AT THE LOWER THIRD OF THE LEG.

The patient is a strong and apparently healthy farmer from Illinois, fifty-one years of age. Two years ago he had consulted Prof. Bauer with reference to an old ulcer at the internal margin of the left foot, which gave him much annoyance and materially interfered with his work. Amputation was then advised, but the patient rejected it. Now, however, he had returned to submit to the operation, which was performed on the 23d of January in the hospital department of the college. The history of the case is embodied in the following remarks by Prof. Bauer previous to the operation:

"This case looks so insignificant to the superficial observer that some explanation seems necessary to justify this proceedure. The patient is a robust individual; evidently his general health has not notably suffered from the sore, nor is there anything about it that could possibly endanger his health or life. What, then, is the impelling cause for the operation? The local condition of his foot and the history of his past aggravations will explain.

Twenty-two years ago this patient met with an accident at a threshing machine by which a piece of integument was torn from the outer side of the foot *four inches wide and extending from just below the external malleolus to the center of the plantar surface.* The lacerated wound healed very slowly with a broad dry and tense cicatrix. The healing took many months, during which time he had to nurse his foot and abstain from using it. When at last the scar formed it gave him severe pain, obviously through pressure upon the nerves in the locality. When he began to use the extremity the cicatrix broke, and soon an ulceration followed without the slightest inclination to heal. The pain became less, but did not entirely disappear. A long siege in bed followed; the ulceration eventually healed, but only to reopen again as soon as the extremity was put to use, and in this way the last twenty-two years have been passed. No wonder that the patient has got tired of his trouble and insists upon its removal.

On looking at the ulcer you notice its hard cicatricial surroundings, its dry, callous margins, and its smooth inactive base, without a trace of granulation, You can touch the surface without drawing blood, which is proof that no new vessels form. You cannot close the defect by transplantation of skin. There is no strip of integument sufficiently large at your disposal, grafting will not answer. What, then, is left but amputation? You have not even integument enough to amputate at the ankle joint. We have, therefore, to amputate above the joint in order to procure flaps. Now, cases of this description are not rare, whenever there is an extensive loss of integument at a locality which does not permit the approximation of the parts so as to relax the tension of the cicatrix, as, for instance, on the flexion side of joints, amputation has to step in.

I remember a similar case which I had in charge at the Long Island College Hospital, Brooklyn. The patient had his leg caught in the coil of an anchor rope which tore off the skin between the knee and ankle. The injury was, of course, not dangerous. I advised, notwithstanding, amputation, anticipating similar trouble to that through which our patient here has passed. He refused, but eighteen months later returned to the hospital soliciting the operation.

Experience had taught him, in the meantime, that my advice was correct."

The double-flap operation was performed, which Prof. Bauer prefers to the circular method, the reason being that the nutrition is less interfered with in the former than in the latter. The wound was closed with interrupted sutures made with loops so that they could be loosened if the swelling made it necessary. No adhesive strips nor bandages were employed. The dressing consisted of a compress dipped in warm water and covered with oiled silk, which Prof. Bauer prefers in the treatment of wounds to any other, remarking that nature heals wounds, and simple protective dressings would least interfere with the natural process.

January 26th, the wound showed signs of suppuration at its outer part. Previous to that date the patient had had no fever; pulse and temperature had been normal, and the appetite moderately good, though the bowels had been constipated since the operation. Accompanying the signs of suppuration were fever, headache and temporary prostration. The fever commenced in the morning and gradually diminished toward evening terminating with perspiration. This fever was considered of malarial character, and as the patient's system was evidently impregnated with the malarial poison, this was deemed the exciting cause of the suppuration—no other could be assigned. His bowels were moved with an aperient and the fever overcome with quinine.

Up to the present time (Feb. 4th) there has been no return of the fever. His general condition is good. The suppuration has been limited to the external portion of the wound, the internal half healing by first intention. Since the use of quinine the suppuration has improved in quality and lessened in quantity. The granulations are healthy and cicatrization is rapidly progressing. There are but two ligatures left. As soon as they are removed the stump will be dressed with a gentle stimulating ointment and patient discharged.

In all, twenty days will have been required to close the wound, which has been effected by the simple water drsssing without any specific antiseptic agent.

The case of Keloid (*Vide* No. 9) is progressing favorably. The wound is almost closed. The cicatrix is firmly attached to the periosteum of ths sternum and shows no sign of recurrence of morbid action.

The removed keloid tissue has been examined with the microscope after having been hardened in a solution of bichromate of potassa. The central portion exhibited almost exclusively fibrous elements, elastic and straight, with a few small round cells imbedded. The small tumors corresponding with the previous sutures presented the same structural characteristics though the cells were much more abundant, showing conclusively their more recent growth.

The Stricture of the Rectum (*Vide* No. 10) is improving gradually by the use of the dilator. At present the patient is free from pain and has almost normal-shaped passages. Her perfect relief may be expected in two or three weeks more, judging from the progress of the past.

The case of Empyema (*Vide* No. 8) was removed from the care of this institution before recovery was assured, hence the termination of the case cannot be given.

PUERPERAL ECLAMPSIA.

BY JOHN GARDNER, M. D.

Mrs. B., aged twenty-one years, primipara, plethoric and very muscular, apparently at term. Was called to see her Feb. 23, 1879, at six o'clock, A. M., and was informed she had had a very severe spasm. I found bloody saliva flowing from her mouth. She had complained of intense pain in the forehead for three hours previous to the eclamptic seizure. She had been in remarkably fine health up to the com-

mencement of the pains. Bowels had not moved for two days, but she had voided a large quantity of urine since midnight. I ordered castor oil, ℥jss, which she swal-swallowed readily. In a few moments she was seized with another spasm. We introduced a spoon handle between the molar teeth, but still she lacerated her tongue considerably. Breathing was suspended for about a minute during each convulsion. I prepared a thin piece of soft wood, which we introduced during the succeeding convulsions. As soon as respiration was reëstablished we commenced giving chloroform by inhalation, on a folded thick cambric handkerchief, and kept it up for thirteen hours. She was easier during the convulsions, which occurred at pretty regular intervals of about one and one-fourth hours.

On making an examination, after the second eclamptic seizure, I found the os uteri dilated so as to admit the tip of the finger. I could feel the contours of the head, pressing down into the cervix, the parts soft, relaxed and in a dilatable condition. After the third convulsion I drew twelve ounces of blood from the left arm, and the pulse became about normal, it previously having been very full and bounding.

Examination showed that labor was advancing satisfactorily. After the sixth convulsion I opened a vein in right arm, and took from the patient twelve ounces more blood, when the pulse came down as before, having gradually become full and bounding between the vensections. After the ninth convulsion she had violent and exhaustive uterine contractions, which were at regular intervals. It required three strong assistants to keep her on the bed, and to keep the cover adjusted during the convulsions.

While the head of the fœtus was pressing on the perineum she had a seizure, during continuance of which, the descent of the child was completely arrested, and after delivery another spasm occurred. There was no post-partum hemorrhage. The uterus soon contracted, expelling the placenta. After its expulsion she had two more attacks.

I discontinued the anæsthetic and gave tinct. opi. gtt, xv, ordered potass. bromid. gr. x in a little water every four hours, which was kept up for twenty-four hours, then every eight hours for the next day. The patient appeared to rest well, but was in a semi-comatose state for about three days, during which period she could not be induced to own her child, which was a fine boy of ordinary size. After returning to perfect consciousness, she nursed her offspring and has made a good and rapid recovery.

I would not have reported this case if such were of common occurrence, this being the first case of the kind that I have met with in a steady practice of about fourteen years; about one in two hundred and fifty cases.

DYERSBURG, Tennessee.

Translations.

(Translated for the Clinical Record.)

IMMOBILIZATION IN JOINT-AFFECTIONS.—(*Jonr. de Méd. et de Chir. pratiques*, Dec. 1879). A great discussion, as yet unfinished, has been in progress in the Society of Surgery, upon an old communication by M. Verneuil, which contained, in effect, the following propositions: In diseases of the articulation immobilization is the first element in the treatment. This is a truth which is not recognized by many who dread fixation of the articulations. It is not true that immobilization determines anchylosis, whatever many *anchylophobous* practitioners may say; an articulation made rigid returns to its mobility by the exercise of its functional movements.

M. Berger supported these propositions in an interesting paper, although he thought Verneuil had gone a little too far in his assertion of the innocuousness of immobilization.

M. Le Fort declared himself "anchylo-

phobous," believing in the dangers of immobilizing articulations; he would also hasten to mobilize joints as soon as cured, and he would mobilize joints in the vicinity of fractures at once.

The editor of the *Journal* (Dr. Lucas-Championnière) opposes Verneuil's views with great vigor, both in the Society and with his able pen.

[NOTE.—Our Gallic brethren seem to be a little behind the times in this discussion. Verneuil, alone, seems to appreciate the true value of the mode of treating joint diseases by absolute rest—a value which cannot be overestimated. In America this has been recognized for many years, and the fears of the "anchylophobous" have been shown to be groundless. It is strange that the method of treatment which has given such brilliant results in America should be so harmful in France.—L. B.]

TREATMENT OF ACUTE BRONCHITIS.—(*Paris Médical*) Dr. Bozzi has ascertained as the result of a large experience that the following medication cures acute bronchitis in the most certain and rapid manner:

℞ Yellow sulphide of antimony, 1 gram = 15.4 grs.
Dover's powder, 1 gram = 15.4 grs.
Powdered sugar, 3 grams = 46.2 grs.

M. Divide into ten parts, and take one every three hours—but no more than four doses should be taken in the twenty-four hours. The same medication is also very useful in acute exacerbations of chronic bronchitis, as well as in that symptomatic of cardiac and pulmonary diseases. The diet should be limited to the use of warm sweetened milk and chicken soup. The temperature of the sick room should not be lower than 12° Réaumer (60° Fah.).

JOHNSTONE STONEY has computed that a cubic centimetre of air contains about one sextillion of molecules.—*Le Progrès Médical*

Extracts and Abstracts.

LISTER'S STATISTICS.—It has been charged by the opponents of the antiseptic system that just as good results were obtained by other methods, and Mr. Lister has often been challenged to produce his statistics, while failure to do so has been construed as evidence of a disinclination to let them bear the light. At last we have them (*British Med. Journal*, Dec. 6, 1879). We condense the following from the Canada *Med. and Surg. Journal*, Jan. 1880:

In five and three-fourth years' practice in the Royal Infirmary of Edinburgh he had only 72 cases of injury to treat; of these, 33 were compound fractures, 7 wounded joints, and 35 other severe wounds. In these 72 cases there were 4 deaths: 5.5 per cent.; the St. Bartholomew statistics, in cases of injury, 7.7 per cent. None of Lister's cases died of blood-poisoning.

Of 845 cases of operations, 37 died: 4.4 per cent. All sorts (major and minor) of operations are included. Of these, 120 may fairly be classed as minor operations, while a great number of this class were treated as out-patients. He remarks that, with antiseptic management, it is justifiable to treat a large number of cases as out-patients which, without antiseptic treatment, would have to be treated in hospital. Of the 120 minor operations, not one died. By thus subtracting the minor cases the death-rate is, of course, increased. In the remaining 725 (major operations) there were 37 deaths: 5.1 per cent. The St. Bartholomew statistics give 5.82 per cent., which he confesses is but slightly greater than his own. But he cannot help remarking that it would have been very easy to manipulate the statistics so as to make them give a better showing for himself. Thus, he has included among the major operations several which were really very minor. There were 3 cases of spina-bifida and one of hydrocephalus treated antiseptically. The operation consisted of introducing, with a needle, two or three horse hairs—most minor operations, certainly; but each of these was followed by death. Considering the consequences and the greatness of the interests involved, he thinks it only right to regard these as major operations,

and every case in which death resulted he has included in the same class. He, very justly, claims that if he had chosen to include them among the minor operations, in spite of their fatality, the result would have appeared very different; the percentage would have been greatly reduced.

As to the great question of blood-poisoning in connection with the deaths, he states that in the 725 operations he lost 6 from this cause: .82 per cent.; while in St. Bartholomew's the percentage was 1.44. Of these 6 cases of blood-poisoning occurring in five and three-fourths years, two were from pyæmia, two of septicæmia, and two of erysipelas. These cases he proceeds to analyze, believing, with Morgagni, that "cases should be pondered, not numbered" —that if we are to derive any benefit from these statistics at all, we must look into the details of them. Some of his operations were performed antiseptically, in other cases the conditions were such as to render this impossible—where sinuses existed in the neighborhood of joints which were excised, the removal of the tongue, etc., he operated in situations where septic materials were necessarily present. Hence he divides his operations into two groups—antiseptic and septic—553 operations are included in the first (antiseptic) group. Of these 553, only two died, and those of blood-poisoning. In one of these the mamma had been removed and the whole axilla had been cleared out to the collar-bone. The spray was altogether away from the wound when the tube was removed from the axilla. "The other was a case of erysipelas; the only death from erysipelas in antiseptic cases during what I (he) cannot help regarding as an epidemic of erysipelas during that year, or one from erysipelas."

Of the much fewer septic cases (292 operations), there were 4 deaths from blood-poisoning—the deaths were *eight times* as numerous in proportion; which seems to him to be very instructive. Again, he says: "Then, if I divide the time into two periods —before the meeting of the Association in 1875 and the time after—I find, as might be expected, that matters had improved since that period; 1871 was the date of introduction of the spray, and at first we were working comparatively under difficulties. But since 1875, the antiseptic treatment has been carried out more perfectly; and accordingly I find that, whereas, between 1871 and 1875, the percentage of deaths was 4.7, from 1875 to 1877 it was only 3.9; that is to say, out of two hundred and ninety-five operations I had only eleven deaths. Then, if I look at the question of blood-poisoning in the last two years, I find that out of these 295 operations, to which must be added a certain number of accidental wounds, I had only one death from blood-poisoning; and that one case from blood-poisoning was a case of pyæmia, where I performed a plastic operation to make a new nose. I endeavored to turn one side of the ascending process of the maxillary bone to make a support for the flap, and I split the bone; and I was conscious at the time I had made a mistake. That was a case in which antiseptic treatment was impossible, in consequence of connection with the nasal cavity. The patient died; and, although I carefully searched and dissected the bone and veins in the vicinity, there was no pus in the cancelli of the bone or in the veins leading from it; nevertheless, there were abscesses both of the lungs and liver. That is the only case of blood-poisoning in two years, with 295 operations."

We cite the entire paragraph relating to amputations: "Then let us take amputations; that is to say, major amputations. During the period referred to—five years and three-quarters—I had eighty major amputations. Of these I had nine deaths, 11.25 per cent. That, compared with what Mr. Erichsen says in his book on *Hospitalism*, where he says we must expect from thirty-five to fifty per cent. of mortality, may seem very good. I confess I should not be satisfied with nine deaths out of eighty patients, without something more to explain them; but if we look more into details, I had, first of all, three amputations of the hip joint. One was a primary amputation. I did the operation practically without any hope of saving him; but I have seen a patient come round after being perfectly pulseless, and thought it my duty to try it. Of the other two amputation cases, one was an enormous fibroma. The operation was one of extreme difficulty, and the patient sank as the immediate result of the operation. Such a case as that has no bearing whatever on the question at issue. The third case was one upon which I operated for myeloid disease of the thigh bone. The bone looked sound when I divided it at the time; but afterwards, on making a careful section and microscopic

examination, there appeared to be disease, and I amputated the next day, at the hip joint. The patient died in twenty-four hours. Now, with respect to the question of preventable mortality after operations, you may eliminate these hip-joint amputations. I have had four primary amputations of the shoulder joint. One of these died. The case was one of railway injury. The bones were shattered, and he was in a state of collapse when he was admitted, and never rallied; and that comes in very much the same category. The question was whether I was prudent in amputating at all. Then I had one death after amputation of the shoulder from disease. It was a case of malignant tumor of the arm. The amputation was doing perfectly well; but, after some days, the patient died of hemorrhage from a tumor of the femur, of the existence of which I was not aware, and that had nothing whatever to do with the amputation of the shoulder joint. Some vessel gave way in the thigh, and the patient died of internal hemorrhage; and these cases to which I have referred should be eliminated from my list with reference to the question of hospital mortality. Then we come to the two others. I had twenty-five amputations of the thigh for disease. Of these, one died; but the patient died of diphtheria nine months after the operation, when the cicatrix was almost complete. I had eighteen amputations of the ankle, of which one died. This one was a boy, who, three months after the operation, when the wound was almost absolutely healed, died of cerebral hemorrhage. This, therefore, was also a case of recovery; and, therefore, I submit that, when we look into these cases of amputation, no patient died from a preventable disease. Every patient recovered who had a chance of recovery."

In cases of ununited fracture it used to be the rule not to operate upon cases in the lower limb, the risk of pyæmia being considered too great, while such operations on the upper limb were not deemed so dangerous. In the time referred to, Mr. Lister has operated eight times in ununited fracture of the thigh, nine times in the leg, four times in the humerus, and five times in the forearm, twenty-six times in all, and every one of these patients is alive and well.

In allusion to that piece of statistics referred to so disparagingly by Mr. Bryant, Prof. Lister says: "I will not dwell on the cases of injury, because confessedly cases of injury are uncertain; but I do say, when you have a series of twenty cases whose healthy joints have been opened and kept open without a single failure as regards the septic element, it is a fact of great importance. Here I come to another order of statistics, where, as far as I am able to judge, we have evidence of a new principle coming into play. I may be wrong, but it seems to me that if you were to open a healthy joint, and to keep the wound open, and to put a drainage tube into it, take it out every day, wash it, and put it in again, if you did not use antiseptic means of some sort or other, you would have more or less of inflammatory disturbance, and it would be impossible to have a condition of things which we look upon as normal, absolutely no tenderness, no redness, and no increase of temperature. I say, as far as I am able to judge, this is a kind of fact of a new order, which shows that we have a new principle at work. It has therefore seemed to me more important to publish cases of this kind, even though they be only individual cases which have been somewhat hardly reflected upon. When a new principle is propounded, I cannot regard these statistics of individual cases as unimportant. I say, if a case show new pathological facts, one such individual case is worth as much as a million. I have published numerous cases, for instance, to show that a great abscess connected with disease of the vertebræ may be opened by free excisions, a drainage-tube introduced, and strict antiseptic treatment used, and that from that hour I never had another drop of pus. I say that fact is as beautiful in pathology as it is useful to practice. I have shown, over and over again, that you may have exposed in an open wound a blood-clot, and that this blood-clot, no matter how large, may remain not only free from putrefaction, but may remain indefinitely without suppuration, so that when you, in the course of time, peel away its upper surface, you find a scar without a single drop of pus having been formed. That, I say, is a fact new in the history of surgery, and indicating that we have a new principle."

"Mountain Fever."—It will be remembered that several months since we gave an abstract of a paper by Assistant Surgeon Charles Smart, U. S. A., on Mountain Fever and Malarious Waters, which ap-

peared in the *American Jour. of the Med. Sciences*, Jan. 1878, in which the opinion was given, and supported with much skill, that the disease in question was merely a severe form of remittent fever caused by drinking snow water containing large quantities of organic matter. The author suspected that the organic germs, the cause of malarial affections, had been wafted by the winds from the fever-infested regions of the Mississippi Valley and the shores of the Mexican Gulf to be precipitated with the snows of the elevated regions of the Rocky Mountain chain.

In the same journal for Jan. 1880, we find another article upon the same subject, the conclusions of which are so different from those of Dr. Smart's paper that we are disposed to give it some prominence in our columns. It is by Assistant Surgeon John V. R. Hoff, U. S. A. The text of the article is furnished by notes of five cases of "mountain" fever observed at Fort Fetterman, Wyoming, in the Autumn of 1878. These notes were furnished by Dr. A. J. Gray, U. S. A., chief medical officer of the column composed of eight companies of cavalry, four of which were from stations on the Union Pacific railroad, and four from a post on the extreme frontier. These had been rendezvoused at Fort McKinney, Wyoming, late in the Spring of 1878. The command took the field, May 24, in splendid condition, not a man sick, plenty of rations, tents and clothing. The first permanent camp, reached June 14, was on the Clear Fork of Powder River, three miles from the base of Big Horn Mountains, at a point where they reach their highest elevation, 12,000 feet, covered with perpetual snow. The camp was on a grassy plateau, twenty-five feet above the level of the stream, with sufficient incline to secure free surface drainage, the soil being a gravelly drift without alluvium. Clear Fork, from which the water-supply was furnished, takes its rise in the Ice Lakes (glaciers), at the base of the granite crest of the mountains, and flows rapidly, by many small streams, for ten miles through a deep pine forest, all the streams then uniting to pass through a gorge, from which it rushes over rocks and boulders, making one continuous line of foam five miles to the camp, where it has an average width of twenty feet, and depth of eighteen inches. The water was soft, clear and pleasant to the taste, except late in the season when there was a suspicion of vegetable infusion. Its temperature did not rise above 50° F. The command remained here until July 15, during which time a few cases of intermittents appeared, in all of which there was a history of previous malarial toxæmia. Many cases of bowel trouble—for which the sutler is held responsible—and a few of acute rheumatism occurred.

The second camp was four miles north of the first, and presented no special differences in any respect from it.

On September 5th, the command was ordered to cross the mountains to the southwestward. The extra clothing and rations were reduced, and the men were obliged to live in "shelter" tents which did not afford sufficient protection against the severe weather experienced. From the 5th to the 12th the march was a severe one, over mountains, fording streams swollen by the rain and melting snow, through storms of rain and snow, and the water-supply was all the time from melting snow. There was no possibility of encountering the results of animal decomposition, there were no marshes and little vegetation of any kind aside from the pine forests. On the 12th, the first case of intermittent fever developed in a strong young soldier of good habits. This yielded promptly to quinine, so that he returned to duty on the 16th.

Camp Brown, reached on the 14th, was at the western base of the Wind River Mountains, and eminently favorable to healthfulness. During the five days that the command remained at this place, three cases of the affection in question occurred. On the homeward march (begun Sept. 13) a fourth case occurred (20th), and several more on the march to Fort Fetterman.

"Invariably the first complaint was that of feeling cold, and 'aching all over.' Then there was loss of appetite, thickly coated tongue, and constipated bowels. The disease was in no instance ushered in with a well-marked chill, and during the first twenty-four hours the fever was always light, but there was mental obscuration, sometimes delirium, and more or less inertia, the subjects seeming not to care whether they lived or died, or what was done with or for them. The patients always admitted a feeling of distress, but never could localize it except in one case (the man who subsequently died at Fort Fetterman, who complained greatly of pain in his head and the 'back of his neck').

The fever once developed, never after wholly left the patient, but exhibited a decided exacerbation, beginning with *chilliness* for a period of half an hour or so, accompanied by cold, clammy sweat, and followed by an intensely hot skin, with small and rapid pulse. These exacerbations generally continued about eight hours, sometimes longer, and then would follow a period of eight or ten hours of lower temperature and comparative freedom from discomfort, during which sleep was possible. There was an increasing, but not a great degree of prostration, as every man was able to ride his horse during the day's march of eighteen to twenty-five miles, and continued to do so daily without assistance until Fort Fetterman was reached. There were wanting the distinctive symptoms characteristic of typhoid, and yet quinine seemed to have no effect to prevent or control the daily returns of the high fever, though administered in large doses."

Very full notes of five cases follow, one of which proved fatal. In this one the lesions found were those characteristic of typhoid fever—enlarged and softened liver and spleen; Peyer's patches infiltrated, one of which had ulcerated and caused perforation of the intestine and death.

Regarding the possibility of infection from some previous case, Dr. Hoff writes: "The first permanent camp of the cavalry was established in a region heretofore almost undefiled by human foot, leaving entirely out of consideration human settlement, and communication with which was, by reason of its very isolation, restricted. The second camp, but a few miles distant, was equally isolated. The road to Camp Brown, through the Big Horn Mountains, an almost disused Indian trail (during the march over which in most of the cases the disease manifested itself), was virgin of settlement or civilization. From all of which conditions it would be difficult to imagine any immediate or remote human origin for the disease germs." Consequently he is compelled to attribute the origin of the disease to the drinking of melted snow. He believes that the following conclusions may fairly be deduced from a full consideration of all the facts observed:

"1st. The fever of the Rocky Mountain region is a hybrid disease, the prominent features of which are typhoid—the modifying intermittent; is, in fact, the typho-malarial fever of Woodward.

2nd. It appears during or after exposuse incident to field service, generally, though not necessarily, in late summer and early autumn, and seems to bear no relatiou to typhoid infection as now usually accepted by the profession.

3d. At its inception, this disease manifests itself as an intermittent of quotidian, tertian, or other form; this stage is followed (in about two weeks) by the typhoid stage, lasting in neighborhood of four weeks, in which typical typhoid symptoms may be observed, modified to a greater or less degree by intermittent indications.

4th. The pathological anatomy of the disease is that of typhoid fever.

5th. The treatment should be antiperiodic and antiseptic."

In a note appended to Dr. Hoff's article, Surgeon J. J. Woodward, U. S. A., states that typhoid ulcers were found in the small intestine of Hoff's fatal case as well as in another specimen forwarded to the Army Medical and Surgical Museum by Assistant Surgeon A. C. Girard, U. S. A., from a fatal case of "mountain fever" which occurred at Fort Keogh, Montana Territory, on March 18, 1878. In either case perforation of the small intestine by typhoid ulceration of one of Peyer's patches was the immediate cause of death. Surgeon Woodward reiterates his former statements regarding the great frequency of typhoid lesions found in fatal cases of "camp fevers" during the late civil war. The denial or non-recognition of the typhoid element in these cases, in Dr. Woodward's opinion, would be pregnant with mischief in future wars.

TAPEWORM.—Dr. Jas. Watson, of Newchwang, China (Medical Reports of the Imperial Maritime Customs for the half year ended 31st March, 1879. Shanghai: 1879), writes that "the feeling of disgust which Europeans experience on becoming aware that they are inhabited by so formidable a creature is the most distressing feature of the case, but there are exceptions to this rule, of which the following is an instance:

"A. R., age thirty, active, and apparently a perfectly healthy man, complained that for some months he had suffered frequently from severe colic immediately after he commenced to eat, and that although he took sufficient food and generally felt fairly

well, he was conscious of having less strength and energy than formerly. Attacks of colic were so severe as to produce faintness, for which he took brandy, but the pain yielded only to firm friction over the spine. While each fit lasted his agony was such that his skin was bathed in a cold sweat. He was not costive nor flatulent, he digested his food well, and his tongue was clean or but slightly furred. Suspecting the presence of intestinal worms, I prescribed purgatives, which only increased the stools and in no way relieved the painful symptoms which became more and more distressing. No portions of tapeworm were passed for several weeks, although they were constantly looked for. My patient became weaker and more anxious, and life was almost a burden to him. Under these circumstances it was necessary to prescribe morphia and chloroform to relieve the pain and depression which became more and more aggravated. One day, however, immediately after a meal and a severe attack of colic, his bowels moved and he passed a cast about two feet long of a portion of the small intestine, which was closed at one end and contained an immense portion of a large tapeworm. For several weeks afterwards long ribbon-like portions of mucous membrane, measuring from eight to ten inches long, were thrown off, but from the day when the first portion of the tapeworm was passed, my patient was absolutely free from colic. He continued weak, however, for many months, and even now, after an interval of several years, he believes he has not recovered the strength and energy he enjoyed before he was troubled by tapeworm."

As tæniacides he restricts himself to turpentine and oil of male fern. In fifty cases in which he has prescribed the former, only once did it produce slight intoxication and strangury, which soon passed off. He orders tonics with iron and laxatives in the after treatment.

CHINESE OPERATIVE MIDWIFERY.—Dr. Alex. Jamieson, of Shanghai (*Ibid.*) reports the following illustrative cases:

"At seven, P. M., on the 1st of January, I was called to see a Chinawoman, aged twenty-five, at the termination of her second pregnancy. Her former labor, four years ago, had been short and easy. She had now been in labor for three days, an arm presenting, and a series of midwives had, in turn, maltreated her and had finally given her up. On examination I found her general condition nearly as bad as could be, the bladder distended, the child's left arm outside vulva with the humerus broken just above the elbow joint, the ends of the bones two inches apart, and united by what felt like an empty bag of skin. This will give some idea of the traction that had been employed. The child, dead, of course, lay in the dorso-posterior position, thoroughly jammed in the pelvis. There were no labor pains. I could not get a catheter into the bladder until chloroform had been given to complete insensibility, when, with a good deal of difficulty, a male elastic instrument was introduced and about a pint of urine drawn off. With my right hand I succeeded, after great delay, in seizing the right foot, which was at the fundus, an attempt to bend and hook down the knee having failed. Having turned and delivered, the uterus contracted well, and the placenta was found in the vagina. The woman was tightly bandaged, a drachm of fluid extract of ergot administered, and hot bottles packed round her. Next day she was reported as well, and ten days later she was about her house.

"In another case to which I was called, five days later, I found the woman dead, and the bed and floor covered with blood. I was told that an arm had been presenting for two days and a half, and that the midwife, after I was sent for, had cut away the arm as high as she could reach. Profuse hemorrhage occurred immediately, which was speedily fatal. The midwife thereupon fled, carrying the arm with her. I was not allowed to make an examination. The people in the house told me that the blood that flowed from the patient was black and ran away like water out of a bucket. The knife had doubtless plunged into a mass of enlarged vaginal veins."

EXTRACT OF MALT.—We make the following extract from a paper on "Food and Food Medicines in Surgery," by R. O. Cowling, M. D., Professor of Principles and Practice of Surgery, University of Louisville:

"The introduction I had to this remedy was such as to make a lasting impression upon me. In August of 1876, a patient, aged five, in whom I had more than a professional interest, after a slight indisposition for several days, began

to show an elevation in temperature. As this was decidedly periodic, I thought it, of course, to be of malarial origin, and gave myself but little concern about it until I discovered it could not be permanently controlled by quinine. In decided doses the temperature would come down for a day, to rise again upon the next, reaching a maximum of 101°. Languor, weakness, and anorexia increased; within a fortnight cough and bronchitis were established, and the patient was at length forced to keep her bed. As the symptoms did not improve, the thought came to me that it was tubercle I had to combat. Oil was rejected, or taken after such a continued struggle that I substituted Trommer malt, which, about that time, was coming into use in Louisville. Its beneficial effects were apparent in a very short time. The temperature speedily came down and remained down, the cough disappeared, and in a fortnight the child was at play. Whatever was the name of the disease, it was one of malnutrition, and I have always thought that what was or might have been the development of tubercle was arrested by the malt and milk upon which alone the child was kept after the first futile attempts to arrest the disease with antiperiodics. With such an introduction as this I was led to use it in practice, and there are few accidents or diseases of surgery in which I have not tested its virtues. So much so, in fact, that I fear their enumeration will sound much like an index."

Sciatica.—In confirmation of results previously reported, Drs. Whittaker and Maris, of West Mansfield, Ohio, write to the *Lancet and Clinic*, Nov. 25, 1879, the following:

"J. McG., married, thirty years of age, farmer, nervous temperament. Present condition emaciated, loss of appetite, loss of sleep, intense pain along the whole tract of the left sciatic nerve, and radiating upward from the exit of the nerve under the pyraformis muscle to the sacral and lumbar regions. Muscles of the leg and hip considerably atrophied; temperature much reduced, so much so that the patient complains of coldness and numbness. The system under the influence of morphia, which has been kept up about a month.

The morphia was immediately withdrawn and injections of ether commenced. First injection of 15 minims immediately produced warmth and reduced the pain, and patient slept soundly that night for the first in two weeks. Afterwards used five injections on the five days succeeding, one each day, averaging 25 minims each. Improvement continued steadily. Patient put upon comp. phos. pill and iron. Appetite immediately returned, sleep returned; use of leg gradually returned, muscular atrophy disappearing, and he is now well. No abscess formed, only slight callous forming around the puncture.

Maltine.—Dr. W. S. Haines, Professor of Chemistry and Toxicology in Rush Medical College, Chicago, gives the following opinion as to the merits of Reed & Carnrick's excellent preparation:

"In order to test the comparative merits of maltine and the various malt extracts in the market, I purchased from different druggists samples of maltine and of the most frequently prescribed extracts of malt, and have subjected them to chemical analysis. As the result of these examinations, I find that maltine contains from half as much again to three times the quantity of phosphates (nerve and brain food and bone producers), and from twice to fourteen times as much diastase and other albuminoids (digestive agents and muscle producers) as any of the extracts of malt examined. Since the value of such preparations is indicated very exactly by the proportion of these, their two most important constituents, I have no hesitation in pronouncing maltine greatly superior to any extract of malt which I have examined. The large amount of phosphates and albuminoids found in the maltine demonstrates moreover, the superior skill and care employed in its preparation, and thoroughly warrants the confidence placed in it by the medical profession."

Dysentery.—Dr. Houghton, of Sarawak, Borneo, states that many hopeless chronic cases have recovered under the fellowing: "I order half a drachm of subnitrate of bismuth, to be rubbed down with half a drachm of powdered gum in two ounces of cold water and injected one to three times a day, according to severity of case. The enema must be retained. The severe tenesmus and tormina are relieved in a very short time.—*London Lancet.*

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - FEB., 1880.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

ETIOLOGY OF TYPHOID FEVER.

That contamination of drinking-water with a specific poison or disease germ previously developed in the intestinal tract of a human being, or, if not the drinking-water, the air breathed by the victim has become vitiated from the same source; this has become an almost settled belief in the minds of a majority of the profession. That human excreta are in some way connected with the causation of typhoid, whether a belief in the presence of a specific *germ* be accepted or not, is certainly very widely believed. The following, from the *Sanitarian* of a recent date, expresses the common faith of advanced sanitary authorities in a very strong and forcible manner:

"Typhoid fever is, of all diseases, preeminently a *filth* disease. Wherever it exists it points unequivocally to unremoved filth; and is a disease, therefore, altogether and wholly preventable by proper sanitary measures. * * * * * Universal experience attests that privies and water-closets inadequately provided with means for speedy and completely cleansing and ærating are prolific sources of typhoid fever and kindred affections in all temperate latitudes, and with prevailing high temperature and moisture, of the still more deadly disease, yellow fever. And all the more dangerous are these conditions, because they are not unfrequently the means of spreading the disease to distant places, and in proportion as other places comprehend like conditions of accumulated filth—the mass being subject to infection by the bowel discharges of any one afflicted with the disease: insomuch that the existence of typhoid fever, or allied diseases in any place, is *prima facie* evidence of filthy surroundings.

We, by no means, wish to underestimate the value from a sanitary point of view of the utmost cleanliness, or the maximum evils of filth. They cannot be overestimated. At the same time, we cannot avoid the conclusion that filth—contaminated or not with the evacuations of typhoid cases—is not the sole factor in the causation of this disease. The careful observations of Assistant-Surgeon Hoff, quoted in our abstract department, show beyond a peradventure that the specific anatomical appearances of typhoid may be developed under conditions which absolutely preclude the preëxistence of similar cases from which the poison might have been derived. It would be stretching our credulity too far to suppose that the perpetual snows of the highest mountains of the great central chain had become polluted by the excretions of some wandering aboriginal weakened by typho-malarial fever who, in his delirium, had climbed to an altitude of twelve thousand feet to perish after poisoning the fountains of our rivers!

In England, the *specificity* of the germ causing typhoid is ably disputed. It is claimed (Dr. R. King, *Med. Times & Gazette*, Aug. 2, 1879) that any cartarrhal enteritis may develope the poison which, when introduced with the drinking-water, into the digestive canal of another, will cause the disease.

But in Dr. Hoff's cases circumstances seem to preclude the idea of a human origin of the poison which eventually produced the characteristic typhoid lesions.

In the absence of an accepted hypothesis which will account for all the facts, we submit one of our own with becoming diffidence. Its elements, as may be seen, have been in existence for a long time, but, as a

whole, we do not remember to have met with it.

1. It has passed into a trueism that as a malarious region is submitted to clearing, drainage and cultivation, the ordinary intermittent and remittent fevers disappear to be replaced by typhoid.

2. The temperature curve of typhoid, in the first, third and fourth weeks of the disease, bears a strong resemblance to that of remittent and intermittent fevers.

3. Quinia has more power, as an antipyretic, in typhoid than in typhus or relapsing fevers.

4. As anatomical researches have been prosecuted with greater care and earnestness, it has been found that there is a true hybrid variety of fever—"typho-malarial"—which presents the lesions of typhoid along with those of ordinary malarial fevers.

5. In many of these cases the enteric symptoms are masked, or but slightly marked, while the autopsy shows the ulcerative lesions well developed.

6. A writer in the London *Practitioner*, during the last year, has advanced the idea that epidemics, at first limited by isothermal lines, become, subsequently, capable of overstepping them; in other words, of becoming adapted to new conditions in respect of climate, race attacked, etc. He also suggests that diseases of animals—of small gravity, perhaps—may prove intensely malignant when engrafted upon the human constitution.

A consideration of the foregoing suggests to us that typhoid fever may be merely a malarial fever modified in the human organism by continually being introduced into the body; thus modified it may become capable of reproducing itself therein and of infecting other persons by way of the intestinal canal.

The experiments of Professor Klebs and Signor Tomassio Crudeli have shown that the poison of ordinary malarial fevers is of cryptogamic origin, produced under certain conditions of soil, temperature, etc., when the spores have been placed therein. May not these same cryptogams became modified by long residence in the human system so as to become capable of propagating the disease to other persons, after they have been ejected and placed under suitable conditions of soil (filth, animal or vegetable), moisture and temperature? In Dr. Hoff's cases it is distinctly stated that several cases of ordinary intermittents occurred in consequence of previous malarial toxæmia. May not these have been the source whence the subsequent typho-malarial cases obtained the poison?

This is a subject regarded by medical men, the world over, with the greatest interest. Hence we shall take occasion to keep our readers informed of every new fact brought forward in this connection.

ATAVISM WITH A VENGEANCE.

We recently had occasion to comment on the exhibition furnished the public, free of expense, by a certain *soi-disant* asylum auperintendent and expert on insanity, in the Redemeir murder case. We now take pleasure in introducing to our readers a writer who makes his mark in the columns of our esteemed contemporary, the New York *Medical Record*. In its issue of Dec. 20, 1879, we find a "Lecture on Insanity," delivered under the auspices of the politicians of the New York Board of Charities and Correction, which, with all its gross errors, its crude and undigested compilations, is published without a word of comment. The "lecturer," Dr. A. E. Macdonald, after stating that there is a return "toward the appearance and form of other animals" in some forms of insanity, claims that there is an "equally perceptible return in habit and action," and then follows this delicious morsel: "I have read of a case where a woman lived and acted like a sheep, and ate grass; and I know of a case where a young man has all the habits, and *a good*

deal of the appearance of a well-conducted horse. He harnesses himself to a wagon every morning and trots about all day, switching a tail which he has fabricated out of an old rope, and *so great is his consistency that he never fails to shy at a wheelbarrow.*"

The alienist staff of our esteemed contemporary seems to us to require a little remodeling—rearrangement, readjustment, as it were—if we are to judge of it by this specimen. The notion that the imitative tendencies of dementia, which are familiar to every tyro in mental pathology, are anything but manifestations of weak-mindedness could only enter the head of one affected in the same way. Just as the "elightened alienist" quoted derives these cases from a reversion to the instincts of the lower animals, so he might have stated, with the same logic, that the patient whom we once saw in an asylum, who worked one leg and hissed all day, stating that he was a steam engine, was a case of reversion to a steam engine, exhibiting a "return in habit and action" to that apparatus! Dr. A. E. Macdonald proves too much even for the most furious of radical Darwinists. The latter would be satisfied with proving the descent of man from the monkey stock, but this "superintendent and expert" derives him from the horse and sheep simultaneously, and, at the same time, must, of course, trace his ancestry to inanimate objects like a teakettle or a steam engine."

A little further on, the "learned doctor" exhibits an imbecile with hare-lip and atrophied testicle, adding, "like other imbeciles, he was probably born with as good a brain as other children." The question here mainly turns on what he means by "other children." If such children are meant as develop into superintendents who derive man from an equine or ovine ancestry, we have no doubt whatever that the statement is true that imbeciles *are* born with "as good a brain!"

TAKEN IN FLAGRANTE DELICTO.—An individual who rejoices in the display of A. M. affixed to his name, but who never *earned* the title, has been attempting to follow in the steps of that brazen utilizer of the labors of other men, the President of the American Medical Association. A few facts will make this plain. Dr. Chas. E. Michel, of this city, wrote an article on Trichiasis and Districhiasis, which was published in the number of this journal for October, 1875, in which he described a new method for removing hairs growing in abnormal situations by electrolysis. We quote the concluding paragraph (page 148):

"Hairs growing on any part of the body can be thus dealt with, and from what I have seen, I believe that the partial growth of beard on the face of females can be treated successfully in this manner, leaving scarcely any trace. I have, in a recent case, removed hairs connecting the two eyebrows, but as all have not yet been electrolyzed, I cannot state what the condition of the skin will be after the entire removal. The applicability of this agent in the above form to the treatment of other affections of the eye and its appendages, I am now testing with very flattering results so far."

In the Philadelphia *Medical Times*, Feb. 14, 1880, we find the following in an article on the Permanent Removal of Superfluous Hairs by Electrolysis, by the "A. M." (?) before referred to:

"The first to suggest the feasibility of destroying the hair papillæ by electrolysis was Dr. Charles E. Michel, of St. Louis, *who confined his operations*, however, to the relief of trichiasis and districhiasis; *but it occurred to me* that the electrolysis would prove equally serviceable for the removal of superfluous hairs on the face, particularly in women, by whom the dermtologist is very frequently consulted in that regard." (Italics our own).

It will be noted that "A. M."(?) is very careful not to refer to the CLINICAL RECORD, so that searchers after *truth* would be unable to readily find who originated this method of treatment. "But it occurred to" this "A. M."(?) so many years afterward that

his memory has evidently failed him—of course it is his memory. An "A. M."(?) can not for one moment be suspected of decking himself with borrowed plumage, not to refer to the celebrated incident of a lion's skin being made use of as a disguise! It is fortunate that such wholesale borrowing(?) is not indictable!

THE Transactions of the Medical Association of the State of Missouri have been printed, but, strange to say, we have not been furnished with a copy! Last year, we gave this Society the greatest favor in our power to bestow—in a negative way—we passed over the volume for 1878 *in silence*, and when the meeting for 1879 took place, we gave the only *true* and unvarnished account of its proceedings that ever saw the light. The handful of St. Louis "little big men" who took possession of the last meeting and used it solely for purposes of personal advertising are, very naturally, offended at our faithful exposé, hence we receive no copy. In our next, however, we purpose giving a slight commentary upon the pretentious effusions it contains *pro bono publico*. The manner in which a baker's dozen of enterprising advertisers have heretofore succeeded in setting themselves up as the representative medical men of this great State will be shown up. The matter is a provokingly tiresome one, but it is our duty to look after it, and we shall make it as lively as we can.

OUR old friend, Ferd. C. Valentine, M. D., has sent us the first number of his new journal, *El Medico y Cirujano Centro-Americano*. It is an eight-page monthly, and is published at Calle del Comercio, nûm. 21, Guatemala, Central America. It appears full of medical news, presented in a lively way quite characteristic of Don Fernando when he made St. Louis his home. We must confess, however, that our knowledge of the Spanish language is extremely limited, and that our commendation is based mostly upon our acquaintance with the editor before he journied to the land of the Aztecs. We wish him every success, and give his journal a cordial welcome. Subscription: "tres pesos annales"—in other words, $3 00 per annum. Subscribers in this country may remit to Mr. W. N. Valentine, 71 Broadway, New York.

THE last number of the American Supplement to the *Obstet. Jour. of Great Britain and Ireland* has Dr. Hartshorne's paper on Imperforate Anus reprinted from the CLINICAL RECORD entire, but gives no credit to this journal. If this was an oversight on the part of the American editor, it is certainly pardonable—of course, when the proper amend is made—but if it was an intentional misappropriation, like that made by the "A. M."(?) before referred to, we shall take occasion to refer to the matter again in our usual gentle manner.

Book Notices and Reviews.

LECTURES ON THE DISEASES OF THE NERVOUS SYSTEM. Delivered at La Salpêtrière by J. M. Charcot, Professor to the Faculty of Medicine of Paris; Physician to La Salpêtrière; Member of the Academy of Medicine; Etc., Etc., Etc. Translated from the second edition by George Sigerson, M. D., M. Ch., Lecturer on Biology and Ex-Dean of the Faculty of Science, Catholic University of Ireland, Etc., Etc., Etc. 8vo. pp. 271, with illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $1 75.

Dr. Sigerson has rendered the profession a great service by presenting in a readable form the interesting lectures of the eminent clinical observer who has rendered the Salpêtrière such a valuable mine of information. We take the opportunity, as many of Charcot's views are not yet perfectly familiar to all general practitioners, to give a somewhat extended notice of its contents.

The work consists of thirteen lectures, which, far from covering the entire field of nervous diseases, deal only with those sub-

jects which Professor Charcot has made his special study, and regarding which the Salpêtrière furnishes the best field for study.

One of the first doctrines announced, is, that disorders of nutrition consequent on lesions of the brain and cord, are usually absent when the lesion has been *destructive*, but are present when it has been *irritative*. Thus, contusion or inflammation of a nerve would be more apt to produce cutaneous eruptions, zona, etc., than complete section. The lecture on the nutritive changes of muscles is, as regards the electrical diagnosis, not as clear as Erbs. Charcot still clings to the view that progressive muscular atrophy is due to lesions of the spinal gray, although Friedreich and recent writers in Westphal's Archives have advanced substantial proof that, in many cases, at least, this view is incorrect. One of the most interesting parts of the work is Lecture IV, where the secondary lesions due to brain lesions, such as pulmonary ecchymoses, and nephritis consecutive to spinal disease, are discussed.

The fifth and seventh lectures treat of tremor as a symptom, and point out the important differential diagnostic marks which the varieties of tremor furnish in the detection of sclerosis or of paralysis agitans. The author is somewhat less clear where he endeavors to draw the line between these affections on the grounds of pathological anatomy. The statement that paralysis agitans is associated with "inconstant lesions" will bear revision.

It is in the lectures on hysteria and hystero-epilepsy that we obtain most enlightenment. The descriptions are clear, the differential diagnosis is brought out in marked relief and, altogether, the subject is dealt with in a masterly way.

If there is any fault in Charcot's writings, it is the suddenness with which he often leaves the subject in hand for a glance at some very remote matter, but he usually manages to show some pertinency, some valuable contrast, and gives interest and relief to his descriptions. We are much relieved to find that he passes over the subject of metallo-therapeutics in a silence which, considering the prominent rôle this delusion has, some years ago, occupied in Charcot's writings, is, to say the least, very suggestive.

Throughout, the text is richly interlarded with illustrative cases and aided by copious foot-notes. The prominent physiological and anatomical views are duly considered, and, altogether, the work gives a fair idea of the progress made in nerve physiology and pathology during the last decade.

If there is any pronounced error in the book at all, it is where the author speaks of descending fasciculated sclerosis as a cause of contracture. Even Turck considers this as a passive and secondary lesion. This fundamental error has led to the erroneous conclusion of Charcot, that even primary changes of the cord of an active character, such as those of general paralysis, are to be considered as similar to these secondary changes (p. 168).

As a whole, however, this is one of the most profitable books for the general practitioner, and even the specialist, to read that we are acquainted with.

There are twenty-six wood cuts in the work, illustrating chiefly the secondary lesions of the skin, the hand-writing in sclerosis and paralysis agitans and the peculiar muscular distortions of hystero-epilepsy.

In looking at these last figures, we have asked ourselves whether those superfine and hypercritical reviewers who, some years ago, (ignoring the original source), took the, to them, welcome opportunity of accusing a prominent American author of a work on nervous diseases of bad if not prurient taste for introducing these same figures in his book, will venture to apply the same measure to Charcot? We can confidently predict that they will not, for there are some prodigies of intelligence on this side of the Atlantic who are awed into breathless admiration of everything that comes to

us with a foreign leaven. And the very figure in Charcot, which aroused the virtuous indignation of a reviewer of Dr. Hammond's work, in the *American Journal of Insanity*, has been introduced, "on account of its evident utility," in a translation of Rosenthal, undertaken by that reviewer's assistant and former office student.

This reference may seem out of place, but a brief reflection will show the reader that there could be no fitter opportunity for doing justice to our own countryman than the present one.

The "get up" of the book is excellent, but we think it an unfortunate policy for the publishers to force their patrons to take in thirty-two pages of book advertisements in a *bound* volume. Either the book should be sent out *unbound*, with the publisher's catalogues, or, if bound, *without* it.

E. C. Sp * * * * *

A Treatise on the Theory and Practice of Medicine. By John Syer Bristowe, M. D., Lond., Fellow and formerly Censor of the Royal College of Physicians; Senior Physician to and Joint-Lecturer on Medicine at St. Thomas' Hospital, Etc., Etc., Etc. Second American Edition Revised by the Author with Notes and Additions, by Jas. H. Hutchinson, M. D., one of the Attending Physicians to the Penn'a Hospital; Physician to the Children's Hospital, Philadelphia. 8vo. pp. 1081. Philadelphia: Henry C. Lea. 1879. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, $5; leather, $6.

Dr. Bristowe's work was extremely well received on its first appearance before the American medical public in spite of its evident character of being mostly a compilation and its few claims to originality in any respect. This cordial welcome can only be explained by the clearness of the author's style and the including of many subjects not usually found in systematic compends of the practice of medicine. The care and attention given by the American editor, Dr. Hutchinson, to the preparation of the first edition, and the flattering introduction he gave it to our profession, doubtless had a deal to do with its favorable reception.

In this second edition the author takes occasion to introduce himself to the "universal Yankee nation" as an old practitioner and to disclaim *in toto* the character of compiler. This title was most certainly justified by some very frank expressions in his preface to the first edition, as witness the following *naïve* description of his method of composing his book:

"In discussing each subject, and more especially in discussing each disease, my aim has been to give, in a readable form, as much information as I could include within a limited space. With that object, my practice has been in every case to read the subject up carefully; to compare the knowledge thus acquired or received with the results of my own experience, in those cases in which I had any experience; and then, having taken a more or less definite view of the whole subject, and while my mind was still full of it and of its details, to write as clear and as comprehensive an account as I was capable of."

We submit that this is the best method of writing a compilation, and, we may add, Dr. Bristowe has no reason to be ashamed of the one under consideration. It is the source of not a few errors, however. We instance: in the article on Dengue (p. 193), he states that "Dengue is contagious in a very high degree, * * * * * Its contagiousness, indeed, is almost as virulent as that of influenza," * * * The first statement is opposed to the experience of American physicians, while the second is probably true—the contagiousness of influenza being disputed by the common experience of the best observers. In the article on yellow fever, he makes equally unfounded assertions, which Dr. Hutchinson very properly corrects. In the treatment of typhoid fever, he terms ten or fifteen grains of quinine a "large dose," and expects to obtain a reduction of the temperature by such doses—which is certainly to be reasonably expected if they are repeated three or four times within an hour. A single dose of the mag-

nitude mentioned would be ridiculed by Liebermeister and others who have treated this affection antipyretically. Of course, we refer to cases of adults. Again, in the treatment of Asiatic cholera, he contends that the treatment of diarrhœas with a view of preventing the onset of the disease is founded upon error—in other words, if a diarrhœa is that of commencing cholera the disease cannot be prevented by checking it! This is certainly opposed to the views of men who have had other than "literary experience" with that dread disease. Neither chloral nor calomel are mentioned in relation to its treatment—another evidence of the compilation character of the book. In the chapter on syphilis—which, by the way, might just as well have been omitted—he recommends the administration of iodide of potassium in five or ten grain doses, three times a day, combined with a tonic. He is evidently as much afraid of this drug as he is of quinine. Dr. Hutchinson, however, adds a very properly timed note to the effect that half a drachm of the iodide may be given as often with the best effects. He might have doubled that amount with benefit to certain patients. Again, we think Dr. Bristowe has shown that he has read and digested books and not relied sufficiently upon his extensive experience. The paper on pyæmia is another semi-surgical matter which he might have left untouched. However, it gives him an opportunity to laud Prof. Lister and Listerism. The section on dermatology might very well have been left to special treatises. The recommendation of venesection, veratrum and ipecacuanha in the treatment of pneumonia (croupous), seems to us fraught with the greatest danger. He has probably never heard of the uses of quinine in this affection.

In the treatment of endocarditis, the author warns the reader to remember that "local bleeding and local medication of all kinds are necessarily less efficacious" than in pericarditis, instead of boldly denouncing all debilitating and harmful proceedings as he should.

The section on nervous diseases is the best in the book. A chapter on insanity has been added in this edition. This is closely modeled on Maudsley's chapter in Reynolds' System of Medicine, and is, consequently, of considerable excellence.

We have alluded to certain defects in this edition, more for the purpose of showing the author that however good a compilation may be, it must be defective in many parts, than to condemn it as a whole. On the contrary, we regard it as an excellent work for students and for practitioners who can not afford to purchase many books.

It is clearly written, the author's style is attractive, and it is especially to be commended for its excellent exposition of the pathology and clinical phenomena of disease.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted 1847. Vol. XXX. 8vo. pp. 1028. Philadelphia: Printed for the Association. Collins, Printer, 705 Jayne st. 1879. From the Librarian of the Association.

This volume of transactions appears early in the season, giving evidence of unusual industry on the part of the Committee of Publication in agreeable contrast with some other bodies of the same character. The contents are equal, in most respects, to those to be found in former volumes. One exception, however, must be noted: "Proofs of the Superior Value of the Treatment of Spondylitis or Pott's Disease by Suspension and the retention in the Improved Position by the Plaster-of-Paris Bandage," by Lewis A. Sayre, M. D., of New York. One hundred and thirty-four pages are taken up with notes of badly observed and imperfectly reported cases, simply designed to advertise the author! If these cases are as dishonestly reported as some hitherto blazoned to the world as examples of successful treatment by the same author in a previous volume of the

Transactions of the same Association, then we most earnestly protest against such an outrageous imposition upon the good nature of the American people. It is well known that Dr. Sayre simply appropriated to himself the credit of introducing this method of treating Pott's disease, which rightfully belongs to Dr. Bryan, of Kentucky, and that in probably the majority of cases the relief obtained is very transitory. We see no essential difference between the ordinary charlatan who advertises in the secular and religious press and thus imposes upon the laity and this "blatant Boanerges" (Philadelphia *Medical Times*, Jan. 30, 1880, page 207) who uses the medical associations and press to impose upon the credulity of his ignorant brothers. They both fill their coffers by falsely pretending to cure what they are unable to cure.

The Report on American Medical Necrology, by Dr. J. M. Toner, is of great value.

The essay to which the prize of the Association was awarded, "A Consideration of Certain Forms of Primary and (Local) Secondary Degeneration of the Lateral Columns of the Spinal Cord, with Especial Reference to an Infantile Rare Form, by Dr. A. McLane Hamilton, of New York, is devoted to the task of proving that Charcot's description of spasmodic tabes dorsalis may apply to a primary disease, and not to a secondary affection only, in opposition to the views of some most excellent authorities. From recent observations of a single case (although there were some symptoms present indicative of disseminated cerebro-spinal sclerosis), we are disposed to agree with him. The notes on an infantile rare form are interesting if not very important.

The antiquated Code of Ethics appears in its well known form—full of restrictions upon the freedom of action of the juniors, while the seniors are given full license to go their way untrammeled! At least we judge so from the chronic charlatanry honored by the Association with the highest office in its power to bestow.

The next meeting will be held in New York City, commencing on the first Tuesday of June, 1880. We presume the President will inflict not less than five hundred pages of lucubrations upon the plaster jacket, circumcision and clitoridectomy upon the unhappy members who may attend.

THE STUDENT'S GUIDE TO DISEASES OF THE EYE. By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon to St. Thomas' Hospital. 12mo. pp. 369, with 89 illustrations. Philadelphia: Henry C. Lea. 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, $2 00.

The author states in the preface: "The aim of this book is to supply students with the information they most need on diseases of the eye during their hospital coarse."

Whether the author has accomplished his purpose or not is, to say the least, very doubtful. It is evidently intended for medical students, beginners in medicine. They certainly need, mostly, elementary principles, given in the simplest, plainest form, but in concise language, with literal definitions of the technical words. Beginners are not supposed to know anything in ophthalmology. To teach them the instructor must begin at the bottom and advance gradually. A child first learns its letters; then how to spell; then to read and then is ready to be led into the depths of natural science.

Medical students, beginners in ophthalmology, must have everything *thoronghly* explained. In the work before us this is done to some extent, but not minutely enough to make it easily intelligible to beginners. In trying to be very brief, the author, in many respects, has been *too* brief to be readily understood. If the text was only a little fuller, it would be far more valuable to medical students. In many places it is not very easy for one well versed in ophthalmology to get the ideas of the author, but for medical students to compre-

hend all readily and thoroughly, who are not supposed to know anything of the subject, would be too much to expect of them.

But the work is not to be wholly condemned. It is very exact in language and very readable. Had the author designed it for the use of medical practitioners, who are supposed so have a fair knowledge of the subject already, it certainly would have been more appropriate. In the opinion of the writer it is certainly better adapted to the wants of physicians than medical students.

The work is to be much admired and valued as *multum in parvo*, a very good compilation or epitome of ophthalmology. It is certainly a very convenient reference book. Some items in the way of treatment are objectionable, but they are not to be considered here.

The mechanical part of the work is unexceptionable; in fact, reflects credit upon the well-known American publisher. W.

OUTLINES OF THE PRACTICE OF MEDICINE, With Special Reference to the Prognosis and Treatment of Disease. With Appropriate Formulæ and Illustrations. By Samuel Fenwick, M. D., Lecturer on the Principles and Practice of Medicine at the London Hospital, Etc. 12mo. pp. 387. Philadelphia: Lindsay & Blakiston. 1880. St. Louis: H. R. Hildreth Pr'tg Co. Cloth, $2 00.

A small duodecimo of about three hundred and sixty pages of reading matter, sixteen of which are taken up with formulæ, assuming to give the prognosis and treatment of all the diseases met with in general practice can only be disappointing. As a nosological table it may be very good. As a trustworthy guide to practice, it must be more or less a failure.

The author, in his dedication, takes occasion to deplore an alleged "defect in our medical education," viz: "the tendency to adopt physical diagnosis as the basis for treatment to the disparagement of those indications furnished by symptoms." As might have been foretold, this attempt to ignore physical diagnosis in the treatment of disease, to say nothing of prognosis, is a lamentable failure. We need only to refer to the chapters on diseases of the respiratory and circulatory systems to bring this fact into bold relief. Thus, in relation to gradual failure of the heart's power, he writes: "The indication to which we chiefly trust is the state of the pulse, which becomes small and compressible in proportion to the feebleness of the heart's contraction." No mention is made of the signs furnished by auscultation. In relation to "Pains of the Chest," the directions given for forming a diagnosis and consequent prognosis would be of no help—or only the very slightest—to the practitioner not versed in physical diagnosis.

We have one word to say about the appended formulæ: They are practically useless to the physician who has been properly instructed in the healing art, and of the slightest benefit only to the student who has never learned it thoroughly. They may be of use to the prescribing druggist who wants to know how to compound a "good cough syrup" or "something that is good for rheumatism." We are tired of such attempts to "patch up" the "defects of our medical education." The defects should be obviated by proper instruction of the coming medical man, and nothing entrusted to such make-shifts as the dose-book and ready-made formula book.

DISEASES OF WOMEN. By Lawson Tait, F. R. C. S., Surgeon to the Birmingham Hospital for Women, and Consulting Surgeon (for Diseases of Women) to the West Bromwich Hospital, etc., etc., etc. Second Edition, Thoroughly Revised, Specially Prepared for "Wood's Library." 8vo. pp. 192. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Cloth, $1 00. Sold only by subscription.

This work is of especial value as giving the results of original observation in a very extensive field. It has less the character of a compilation than most hand-books of the

subject offered the medical public. This edition has been revised by the author with the purpose of placing it before the American profession. It is clearly written and evinces a thorough practical knowledge of the subjects treated. Some sections, however, will be improved by judicious amplification; while a little less dogmatism on some points would be desirable.

We hope the publishers will see fit to reissue the work and print it in larger type upon better paper, and place it upon the market in a way to be purchased separate from the rest of the series. The year 1879 was marked by the appearance of several notable works on gynecology, and Lawson Tait's manual will take rank second only to those of Emmet and Goodell. We had hoped to be able to give it a more extended notice, but lack of space prevents us from going more extensively into its merits.

PARACENTESIS OF THE PERICARDIUM. A Consideration of the Surgical Treatment of Pericardial Effusions. By John B. Roberts, A. M., M. D., Lecturer on Anatomy in the Philadelphia School of Anatomy; Demonstrator of Anatomy in the Philadelphia Dental College; Fellow of the Philadelphia Academy of Surgery. With illustrations. 12mo. pp. 100. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton street, Covent Garden. 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, $1 25.

This is a well-written monograph, one calculated to raise our expectations of future good work to be performed by the young author. It shows industry, patient perseverance, and a logical order of mind on his part which promise much.

The etiology, symptoms, physical signs, diagnosis, prognosis and treatment of pericardial effusions are clearly and succinctly given, Under the latter head he discusses the operation of parecentesis of the pericardium in its historical and anatomical bearings. The history is very full and, we believe, pretty complete.

The author thus formulates the indications for the operation: "Whenever the effusion, whether it be serum, pus, or blood, accumulates so rapidly or in such quantity that it threatens to destroy life and refuses to undergo absorption by ordinary treatment, it is the duty of the attendant to tap the distended sac."

Admitting that the operation is, most usually, only palliative in its effects, he insists that, as such, it ought to have place among accepted surgical procedures.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By Geo. H. Fox, A. M., M. D., Clinical Prof. of Dermatology, Starling Medical College, Columbus, Ohio, Etc., Etc., Etc. Complete in twelve parts, 48 colored plates taken from life. Part 3—Fibroma (*pendulum*), Varicella, Zoster (*pectoralis et lumbalis*), Eczema (*universale*). New York: E. P. Treat, No. 805 Broadway.

We have had occasion to bring these admirable illustrations to the notice of our readers, and again call attention to their great accuracy and excellent workmanship.

The selection of the subjects for this number shows the good judgment of the author and a rare knowledge of the capabilities of the photographic process. We have no hesitation in saying that this is the only series of photographic plates illustrative of dermatological subjects that has made any approach to fidelity of representation, and these plates leave very little to be desired. The coloring has been done with true artistic taste, and no fault can be found with the work of the artist. We hope that Dr. Fox will be encouraged to extend the series beyond the forty-eight plates announced, so as to include every description of cutaneous affection that can be thus reproduced on paper.

CHEMICAL PHYSIOLOGY AND PATHOLOGY. By Victor C. Vaughan, M. D.. Ph. D., Leeturer on Medical Chemistry in the University of Michigan; Etc., Etc., Etc. Part II. Plates. 8vo. Ann Arbor: Sheehan & Company, Publishers. 1879. Mailed to any address on receipt of $1.

We regret that Dr. Vaughan has seen fit to issue these very valuable plates in a vol-

ume separate from the text. In a new edition, which doubtless will soon be called for, we expect to see this error rectified. The plates are well executed and sufficiently numerous to aid the student to a full comprehension of the text.

LITERARY NOTES:—

NEW JOURNALS.—*The Archives of Comparative Medicine and Surgery* is a new quarterly journal of the anatomy, pathology and therapeutics of the lower animals. It is edited by our distinguished contributor, Dr. E. C. Spitzka, of New York. The first number contains five original articles, two editorials and twenty-six pages of abstracts, reviews and miscellaneous matter relating to the subjects indicated above. The selection of original matter and the condensation of foreign literature in the abstracts reflect much credit upon the editor, who long since proved himself thoroughly acquainted with comparative anatomy, physiology and pathology. The first number proves the correctness of our prediction that Dr. Spitzka would produce a journal which ought to be read by every physician who owns a horse. Owners of other domestic animals will find it equally to their interest to number themselves among its constant readers. Subscription, $2 00 per annum. Address the editor at 130 East 50th street, New York.

Gaillard's Medical Journal is an old friend in a new dress; the veteran editor, Dr. E. S. Gaillard, of the *Richmond and Louisville Medical Journal* and the *American Medical Bi-Weekly*, having removed to New York City, has discontinued the *Bi-Weekly* and has concluded to concentrate his energies upon the old *Journal*. The November, December and January numbers all appeared within a period of forty days, and give every evidence of the editor's return to health and the old vigor which has made him one of the most successful medical journalists of the age. The journal has been enlarged sixteen pages per month without any increase in the subscription price. The editor's address is 123 East 46th street, New York City. We wish him every success in his new home.

The *Therapeutic Gazette*, a monthly devoted to therapeutics and the introduction of new therapeutic agents, succeeds *New Preparations*. It presents a fine appearance and is a marvel of cheapness, $1 per annum. Dr. Wm. Brodie, a veteran in medical journalism, is the editor; Geo. S. Davis, publisher, Detroit, Mich.

The *Annals* of the Anatomical and Surgical Society of Brooklyn, New York, is a monthly of most prepossessing appearance and contains some excellent papers presented to that society. It is issued from the press of Messrs. Putnam's Sons, which is sufficient guatantee of the best paper and typography. It is edited by Dr. Charles Jewett, assisted by Drs. E. S. Bunker, L. S. Pilcher, George R. Fowler and F. W. Rockwell. It is liberally illustrated and a very noticeable feature is the reproduction of quaint and valuable engravings from rare and ancient anatomical and surgical works. Annual subscription, $2. Address Editors of *The Annals*, 28 Madison street, Brooklyn, N. Y.

The *Kansas Medical Index* is a new monthly, edited by Dr. F. F. Dickman, of Fort Scott. Kansas is a great and rapidly developing state, and ought to sustain a good local medical journal like the *Index*. We wish Dr. Dickman and his new venture the utmost success. Terms, $1 50 per annum. Address as above.

The *Indiana Medical Reporter* is another new medical monthly published at Evansville, Ind., by Drs. A. M. Owen, J. E. Harper and Benj. F. McCoy. It presents a very creditable appearance and bids fair to succeed in the rich and populous district of which the thriving city of Evansville is the center. Subscription, $2 00 per annum. Address the editors as above.

Walsh's *Retrospect* is a new quarterly compendium of American medicine and

surgery, edited by Dr. Ralph Walsh, of Washington, D. C. Dr. Walsh is well known as the author of most excellent aids to the physician: the "Combined Call-Book and Tablet," and the "Handy Ledger. The *Retrospect* is well gotten up, but does not, in its first number, represent American medicine and surgery as they should be represented. It is probable that the future numbers will show an improvement as the editor's exchange list is extended. Subscription, $2 a year.

The first, and presumably the last, number of a journal styled "*The Alienist and Neurologist*," lies before us. From its cover to its last page it presents but a single feature of originality, and, on the whole, we think that "The Lunatic and Neurasthenic" would have been a far fitter title. It seems destined to fill the void (if void it can be called) which will soon be left by the suspension of another journal on insanity, regarding whose financial management a State comptroller has seen occasion to hint at gross irregularities, and, judging by the present specimen, it is eminently calculated to fill the bill. The single feature of originality alluded to, consists in the most childish and mawkish manifestation of journalistic bad taste that it has ever become our duty to chronicle. On the back cover are published letters from thirty-six subscribers, whom we take to be the sole subscribers to "*The Alienist and Neurologist*," for it is quite evident from the fact that one of the published extracts says no more than, "You may put me down as a subscriber to your new journal," and another, "Please add my name to your list of subscribers," that if the ingenious editor had had more subscribers he would have given to the public more such valuable correspondence. Some of the superintendents whose letters are published have sent their "good wishes" without subscribing, at least we judge so from the published letter of Dr. Grissom, of North Carolina.

The first article, by Jno. Curwen, M. D., of Harrisburg, is a mild defense of the Asylum Association against the attacks of Drs. Spitzka, Hammond, Seguin and Wilbur, and claims that superintendents must attend to farming and kitchen duties, as they would break down if they limited themselves to medical work!!! We agree with him!

The second effulgence is by the well-known writer, Dr. Beard, and deals with a dozen varieties of neurasthenia; it may be new to our readers to learn that the Doctor cures organic kidney disease by electricity. Hie all ye kidney laden! Hie to New York!

The third article is by the "Alienist," Dr. Hughes himself. Just as judges and juries have frequently been so befogged by this gentleman when acting as "expert" witness that they could hardly tell whether his evidence was for or against the mental condition of a prisoner, we are unable to get the drift of his article.

Of course, that other fertile writer, Allan McLane Hamilton, is out with another—well, substantial imitation of some one else's work. This time it is "Syphilitic Hypochondriasis. The influence of this article is really depressing.

The only articles possessing intrinsic merit are those of Dr. Pliny Earle, which are opposed to the views of the Asylum Association.

On the whole, we consider it the most superfluous and the weakest undertaking of its kind. With the excellent *Journal of Nervous and Mental Disease* already in the field, a journal that has received the highest endorsement, both on this and the other side of the Atlantic, there was no excuse for the appearance of this present quarterly save the desire which those who failed to get their articles into more fastidious periodicals may have had to air their productions.

We see that the editor has adopted the term "psychiatry" in his prospectus. It may not be improper to state here that this

term, which is the only scientific designation in one word for mental pathology, was first introduced into American medical literature by a non-asylum physician in an article entitled "Reform in Scientific Psychiatry." Of course this is not credited to its proper source.

Braithwaite's Retrospect enters upon its forty-first year of publication with its January number. It retains its position as the best compendium of current foreign medical literature accessible to the American physician.

Brinton's Half-Yearly Compendium is of a similar character but is of especial value to our own countrymen inasmuch as it contains the best selection of articles by American writers to be found. Now is a good time to commence subscriptions for a new series begins with the January number. The advantage of this may be more apparent when it is considered that the matter is carefully classified and each department paged, so that each series may be separated and bound in independent volumes.

VICK'S FLORAL GUIDE should be in the hands of every one who has a square rod of land at his disposal either for vegetable or flower culture. It contains a vast amount of useful information and may be had of the publisher, Jas. Vick, florist, Rochester, N. Y., who will send it on receipt of a five-cent postage stamp.

EMMET'S Principles and Practice of Gynæcology has met with such general favor that the first edition, published only a few months ago, is entirely exhausted and a second is in course of preparation.

FLINT'S Practice of Medicine is being revised by the eminent author, and a new edition may be expected during the year.

BOOKS & PAMPHLETS RECEIVED.

REPORT to his Excellency, the Governor, of the thirty-seventh Missouri University Catalogue, 1878—1879. (Triennial.) Founded, 1820—Organized, 1840.

PHARMACOGRAPHIA. A History of the Principal Drugs of Vegetable Origin met with in Great Britain and British India. By Friedrich A. Flückiger, Phil. Dr., Professor in the University of Strassburg, and Daniel Hanbury, F. R. S., Fellow of the Linnean and Chemical Societies of London. Second Edition. 8vo. pp. 803. London: Macmillan & Co. 1879. St. Louis: Book & News Co. Half bound, $5.

CLINICAL LECTURES ON THE DISEASES OF WOMEN, Delivered in Saint Bartholomew's Hospital. By J. Matthews Duncan, M. D., LL. D., F. R. S. E., Etc., 8vo. pp. 175. Philadelphia: Henry C. Lea. 1880. St. Louis: H. R. Hildreth Pr'ting Co. Cloth, $1 50.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M. D., F. R. S., F. R. C. P. Lond., Prof. of the Princ. and Pract. of Med. in University College, Etc., Etc., Etc. With Numerous Additions and Illustrations, by Henry Hartshorne, A. M., M. D. Prof. of Hygiene and Dis. of Children in the Woman's Med. Coll. of Pennsylvania, Etc., Etc., Etc. In three volumes. Vol. II, Diseases of the Respiratory and Circulatory Systems. Large 8vo. pp. 935. Philadelphia: H. C. Lea. 1880. St. Louis: J. H. Chambers, 305 Locust street. Sold only by subscription. Cloth, $15; leather, $18.

ANNUAL REPORT of the Supervising Surgeon-General of the Marine Hospital Service of the United States, for the fiscal years 1878 and 1879. 8vo. pp. 176. Washington: Government Printing Office. 1879. From the Treasury Department.

ON THE INTERNAL USE OF WATER FOR THE SICK, and on Thirst. A Clinical Lecture at the Pennsylvania Hospital, October 25, 1879. By J. Forsyth Meigs, M. D., one of the Attending Physicians to the Hospital. 12mo. pp. 54. Philadelphia: Lindsay & Blakiston. 1880.

AMERICAN HEALTH PRIMERS:—

BRAIN-WORK AND OVERWORK. By Dr. H. C. Wood, Clinical Professor of Nervous Diseases in the University of Pennsylvania, Member of the National Academy of Science, etc., etc. 16mo. pp. 126. Philadelphia: Presley Blakiston, 1012 Walnut st. 1880. St. Louis: Book & News Co. Cloth, 50 cents.

REPORT on the Revision of the U. S. Pharmacopœia Preliminary to the Convention of 1880. Being a Rough Draft of the General Principles, Titles, and Working Formulæ proposed for the next Pharmacopœia. Prepared and Compiled by Charles Rice, Chairman of the Committee. New York: 1880. This Report is not for sale. Copies may be obtained by applying to George Ross, Lebanon, Pa., and inclosing the postage, six cents, in stamps.

REPRINTS:—

PAQUELIN'S THERMO-CAUTERY with Wilson's Antithermic Shield, in Epithelioma of the Cervix Uteri. By H. P. C. Wilson, M. D., of Baltimore, Md., (Transactions Med. Society of Virginia, 1879).

MALIGNANT Degeneration of a Fibroid Tumor of the Uterus. Large False Aneurism in the Substance of the Growth. By Drs. Albert N. Blodgett and Clifton E. Wing, Boston, (N. Y. *Med. Record*, Jan. 3, 1880).

A RARE CASE of Peri-Neuritis. By F. F. Dickman, M. D., Fort Scott, Kansas (St. Louis *Med. & Surg. Jour.*, Dec. 1879).

CHOREIC and Choreiform Movements in Hysterical Children. By Landon Carter Gray, M. D. (*Archives of Medicine*, Oct. 1879).

OVARIOTOMY. Patient 67½ years. Weight of Tumor, 60 pounds—Extensive Adhesions—Recovery. By W. F. McNutt, M. D., L. R. C. P., Ed., Etc., Etc., Etc., (San Francisco *Western Lancet*, Jan. 1880).

COLOR-BLINDNESS and Defective Sight among Railroad Employés.

Miscellaneous Notes.

DR. PHILIP S. WALES has been confirmed by the Senate as Surgeon-General of the United States Navy.

YELLOW FEVER prevails in Rio de Janiero and other Brazilian cities. The mortality is great, as usual.

HOMŒOPATHIC BOWELS.—In an article on ovaritis, by May B. Pearman, M. D., of St. Louis (St. Louis *Clinical Review*), occurs the following remarkable statement: "The bowels should be carefully regulated, as great accumulation of fecal matter in the sacrum will greatly increase the pain in the right ovary, while the movements of the rectum in defecation will effect the left one."

WANTED, for cash, a physician's practice, with or without small drug store. Address particulars to J. HUMBOLD, Box 32, Elizabeth City, North Carolina.

WANTED—Gentlemen to represent Reynold's System of Medicine, in the States of Missouri, Kansas, Nebraska, Illinois, Texas and Arkansas. Those understanding something of medicine preferred. Circulars mailed on application. J. H. CHAMBERS, St. Louis Mo.

TOBACCO has again asserted its right to be considered a most virulent poison, as witness the following, from the Richmond, Va., *Commonwealth:* "A man named Weakley, died a few days since in Culpepper county, aged a hundred and five years. It is supposed his death was hastened by the use of tobacco, to which he was addicted for a period commencing shortly after the conclusion of the Revolutionary war.

THE Illinois State Medical Society holds its next annual meeting at Belleville, St. Clair county, on the third Tuesday of May next.

The Medical Association of the State of Missouri will hold its next meeting at Carthage, Jasper county, two weeks earlier. It is a pity that they might not meet on the same day. In that case *one* association would be free from the risk of having its time taken up with the platitudes and advertisements of certain St. Louis "specialists." As it is, we fear the worst.

VAGINAL CICATRICES.—(New York *Medical Journal*) In the New York Obstetrical Society, Dr. T. A. Emmet raised the question: How far is cicatricial tissue in the vagina an impediment to labor? and referred to a case in which the vagina was so nar-

rowed that it was a mere sinus, requiring dilatation to reach a vesico-vaginal fistula, and also for removing the sutures with which the fistula had been closed. The woman became pregnant while the narrowing existed, and when labor came on was delivered by Dr. Barker, no obstruction whatever being offered by the cicatricial tissue. The fistula recurred, and subsequently the narrowing was so great that the sinus admitted only a small probe. He had also known a dense scar in the perineum to so soften down as to offer no impediment to labor. Dr. Garrigues and Dr. Walker referred to cases in which the narrowing of the vagina from cicatricial tissue was equally marked, and yet was not an impediment in subsequent labor.

Home News.

REGISTRATION.—It will be remembered that several physicians who registered with the clerk of the old St. Louis County Court, in conformity with the State law of 1874, were refused registration by the Health Commissioner acting under an absurd construction of an ordinance passed by the city Council in 1877. The theory of the law officers of the city seems to have been that a city ordinance could supercede the statute law of the State. The CLINICAL RECORD has endeavored to enlighten the city Counsellor and Health Commissioner upon the unconstitutionality of this interpretation, but with no very great success. About a year ago the Circuit Court decided a case—Dr. Raband's—as we had predicted, but the foolish opposition of the city officers referred to was not to be so easily overcome. Now, however, the Court of Appeals has affirmed the judgment of the lower court and thus, in effect, decided that the CLINICAL RECORD was right and the eminent attorney with his client were wrong. We hope that those gentlemen will avoid future trouble by ceasing from their illegal persecutions and not attempt again to set up an autocracy in our city. We understand that the Health Commissioner will have to answer to suits for damages brought against him by certain practitioners whom he refused to register. We are charitable enough to presume that the mistaken course followed by the Health commissioner was one dictated by the unscrapulous members of the faculties of certain medical schools who hoped, by the enforcement of the ordinance as interpreted, to compel a large number of students to *pay for diplomas*. This opinion is founded upon the fact that the principal members of the faculties of two of the regular schools, the Homœopathic and Eclectic institutions united to endorse the present incumbent in spite of the protest of the St. Louis Medical Society against the appointment of a non-medical man to the office of Health Commissioner. We hope that the recent legal decision will open that official's eyes to the fact that he has been made the instrument of unscrupulous men to enrich themselves at his expense. If he is not yet convinced of it, a few verdicts against him in suits for damages will doubtless have the desired effect.

THE Faculty of the St. Louis College of Physicians and Surgeons recently gave a dinner to the Board of Trustees of that institution, which proved a most enjoyable affair. Addresses were made by the Dean, Dr. Louis Bauer; by the President of the Board, Hon. Jas. O. Broadhead; by several members of both Board and Faculty, by Dr. Thomas O'Reilley, Ex-Governor Chas. P. Johnson, and several other invited guests. One result of this gathering was the raising of a fund for the purchase of the ground and building now occupied, for the conversion of the old building into a hospital and the erection of a new one for anatomical and chemical teaching. We are all the more pleased to record the fact that the subscriptions were made *outside the faculty* —in other words, that the faculty is *not* composed of men who have purchased their chairs by subscribing to stock, as has been the case in more than one medical faculty we could name.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, MARCH, 1880. NO. 12.

Original Communications.

SOME NOT GENERALLY KNOWN FORMS OF MENTAL ALIENATION RELATED TO EPILEPSY.

BY EDWARD C. SPITZKA, M. D.

First Vice-President of the N. Y. Neurological Society; W. and S. Tuke Prize Essayist; Hammond Prize Essayist; Physician to Department for Nervous Diseases, N. E. Dispensary.

Most of our psychiatrical and medico-legal authors, in discussing the medical or legal relations of epilepsy and epileptic insanity, limit their attention to, firstly, the condition called epileptic mania; secondly, to epileptic dementia, and, thirdly, to the peculiar change of character which many epileptics manifest.

This series is, however, far from perfect, and fails to include many important conditions which are allied to and dependent on epilepsy, and which, on the one hand, may require special medical treatment and on the other hand merit the serious attention of every thorough and conscientious medical jurist.

It is an opinion quite prevalent with many, that the epileptic, aside from the period just preceding and following the attack, and the attack itself, is quite competent and responsible in both civil and criminal transactions. This view is held by many general practitioners and by most lawyers.

On the other hand, there are those who, as soon as they find the slightest indications of epilepsy in the person under investigation, instantly jump at the conclusion that, *ergo*, that subject could not be held responsible for any transaction performed by him. This view, as the reader will already have anticipated, has had its origin among those who have been or are physicians to lunatic asylums.

Both views constitute utterly erroneous extremes, but they are not only erroneous, they are and have been damaging to the cause of justice inasmuch as interested or possibly unscrupulous medical witnesses have been able to fall back on such views enunciated in published works, in support of testimony which has too often defeated the purpose of the law.

The first view, the one held by most lawyers and many general practitioners, would, if made a guide in the rulings of our courts, do less harm in criminal than in civil jurisprudence. With the latter view, which we may term the radical "asylum" view, considerable harm has been done in criminal jurisprudence, as witness the Montgomery and Scannell cases.

In the former case, a man with a motive which, it was proven by the prosecution, he had nursed for several months, laid deliberate plans, which he executed with skill and judgment to murder his victim. A prominent member of the Medico-Legal Society correctly testified that while David Montgomery had epilepsy, this disease was not to be considered as having affected his act, for epileptic insanity does not manifest itself thus. A commission was appointed by the governor consisting of asylum physicians, who found that he was epileptic and

could not be held responsible for the act which he committed. Several years after David Montgomery became demented, and lo! there was great joy in the asylum camp, for it was loudly proclaimed as a signal proof of the correctness of their previous conclusion. A moment's reflection will, however, show the reader that the dementia which followed the murder by so many years could no more be considered as proving Montgomery's irresponsibility at the time of the murder, than I could attempt to prove, by having my arms amputated two weeks from now, that I could not possibly have written this paper!

One of the writers who has discussed the case of David Montgomery in support of his irresponsibility, had made snch a thorough study of epilepsy and epileptic insanity, that it became currently reported that he detected traces of these affections in himself, his wife and his children, and finally in every person with whom he came into sufficiently prolonged contact!!

Our courts cannot reasonably be expected to treat opinions evolved on such a basis, with the respect which really scientific opinions merit.

Too frequently has the question of epileptic insanity been raised in criminal cases, *too rarely* is this done in *civil* ones. An asylum supsrintendent has frequently gone on the stand to "get off" a murderer, because he was the fortunate possessor of an epileptic relative;* but just as frequently have these gentlemen appeared in *defense* of wills made by persons whose minds had been left pitiful wrecks through the ravages of epilepsy. What wonder, then, that medical expert testimony is treated with derision by many of the representative members of the legal profession?

The fundamental authority on epileptic insanity, Falret, a writer whose dicta, although made twenty years ago, still constitute the best guide for the student, was the first to call attention to certain indifferently known forms of epileptic alienation.

His views have been extensively quoted and reproduced both on this and the other side of the Atlantic; but too general an application has been made of his statements. What Falret* described as the condition of a particular group of epileptics, some writers have extended to the entire class.

Only one clinical contribution of any value has been made to this subject recently. Samt,† in the *Archiv fuer Psychiatrie*, discusses the new forms of Falret and adds considerable to the subject while at the same time supporting the opinions of his great predecessor in the same field, with numerous illustrative cases. Falret and Samt, then, may be considered as the most thorough writers on the subject. As their works are not accessible to many, and as I have been able to confirm the results obtained by them in an extensive series of cases, I have thought it well to report briefly upon the interesting subject of the *intervallary* and *post-epileptic insanities*.

Aside from the mental degeneration which is intimately dependent on the frequency of the convulsive attacks and which, as Esquirol has graphically delineated, may determine stupor, imbecility or actual idiocy, according as these attacks begin later or earlier in life, aside also from those attacks of furious madness, or purposeless automatism which *replace* the convulsive attack, there are forms of more or less protracted insanity which follow some individual epileptic attack or break out in the interval, or finally extend over the entire interval, which are to be strictly distinguished from those other forms.

It was due to the observance of the new forms, unaccompanied by any differentiation from other varieties that led Calmeil

* Scannel case.

* Falret; Etat mentale des epileptiques.

† P. Samt; Epileptische Irreseinsformen, *Archiv fuer Psychiatrie*, V, VI.

to say that those epileptics not yet insane, are very irascible, very impressionable, inclined to false interpretations, and to exaggerate the importance of petty affairs. This description is probably based on cases of commencing intervallary alienation, and it would be erroneous to extend it to most epileptics living without asylums. The same remarks apply to Baillarger's statement, that the characteristics given by Calmeil often precede the outbreak of complete insanity. Both these authors seem to have distinguished but imperfectly between actual intervallary insanity and the ordinary change of character discovered in the interval.

Delasiauve has also doubtless confounded ordinary epileptic dementia with post-epileptic or intervallary conditions when he speaks of patients afflicted with "stupidité des épileptiques" as performing automatic acts, looking like drunken men, etc.

Falret opened the way for a rational classification with the following *dictum:*

"A remarkable phenomenon which frequently complicates the incomplete attacks of epilepsy, or the interval between two perfectly developed attacks deserves mention. The patient seems to have come to himself; he enters into conversation with the persons who surround him, he performs acts which appear to be regulated by his will, and seems, in one word, to have returned to his normal state. Then the epileptic attack recommences, and as soon as it has ceased and the patient has recovered his reason, it is found, to one's surprise, that he has not preserved any recollection either of his words or acts which were said and done in the interval of the two attacks."

Under the head of "Petit mal intellectuel," (not to be confounded with petit mal ordinarily so-called), the same author describes a condition which may continue for several hours or several days after the post-epileptic stupor has subsided, in which the patient becomes sullen, deeply dejected, very irritable and feels an utter inability to fix his thoughts or to control his will.

Under the head of the "Grand mal intellectuel" he describes an analogous but longer lasting condition coupled with alternate stupor and attacks of furious excitement.

As Samt correctly remarks, the recognition of these forms was an important step in advance but they do not exhaust the possible forms of post-epileptic insanity. He includes both the *petit mal* and *grand mal intellectual* of Falret under the head of acute post-epileptic insanity and defines the latter as insanity immediately following the convulsive paroxysm,* and taking an acute course. He subdivides this acute form into:

1st, The simple post-epileptic stupor, which may be complicated with dreamy *deliria*, or with illusional or hallucinatory confusion and verbigeration.

2d. Post-epileptic morbid conditions of fear or fright, either simple or complicated with *délire raissonante* or great excitement. The latter form corresponds to Falret's *grand mal intellectuel.* While stupor is usually present in this form it may be so far in the back ground, that some of the cases under this head merit being characterized as cases of partial "frightful" post-epileptic delirium.

3d. Post-epileptic maniacal moria, this form is rare and simulates ordinary acute mania to such an extent that even the expert may be deceived. It is only the irascible character of the mania and the suspicious manner of the patient [possibly also the treacherous and malicious character of his violence; WRITER] which enables one to distinguish it from the ordinary attacks of the acute maniac, who, under appropriate associations (and when not driven to the verge of endurance by Utica cribs and other improper restraint) is good natured and manageable.†

Under the head of chronic protracted

* And Samt should have added, any psychical equivalents of a convulsion.

† I have, however, seen one case in which this differential mark was absent, and in which only the occurrence of a peculiar stupor suggested the existence of epilepsy.

epileptic insanity he describes many cases which are evidently related to the post-epileptic forms. On the other hand, I have observed some cases in which gradually increasing verbigeration, delirium of a religious tinge, or maniacal attacks with or without intervals of stupor, confusion and automatism, preceded the outbreak of a convulsion or its equivalent. Just as the forms characterized in Samt's classification were designated post-epileptic, these latter, noticed by myself, and which are far from infrequent, deserve being designated as *prodromal* or *pre-epileptic*. If the chronological relation of the mental disturbance be made a principle of classification, then I think much confusion could be avoided by adopting the following:

1. The epileptic psychical *equivalent*, which *replaces* the convulsive attack.

2. The acute post-epileptic insanity which almost immediately follows the convulsive attack (including the ordinary post-convulsive stupor as a part of the attack) or the psychical equivalent of such convulsive attack.

3. The pre-epileptic insanity which precedes the outbreak of a convulsive attack or its equivalent, and increases up to the moment when the paroxysm explodes.

4. The purely intervallary epileptic insanity, which neither immediately following nor preceding a paroxysm, occurs in the interval between such. It is possible that all such cases are, after all, equivalents of imperfect convulsions, but as long as the relation can not be clearly established it is well to provide a category for the reception of such doubtful cases.

It is possible for all these forms to occur together, and in addition there is very apt to be a background of chronic protracted epileptic dementia to complicate the picture. It is only when epilepsy is recent that the above forms are found in an unmixed state, as the disease progresses we are very apt to find that the post-epileptic *grand mal intellectuel* of Falret and Samt is in intimate association with a "replacing" attack of violence. Such cases, lasting with their correlated stupor, delirium and confusion for entire weeks, figure as "epileptic mania" in our asylum records, although *moria*-like symptoms and genuine exaltation be entirely out of the question!

A very marked case of the *grand mal intellectuel*, occurring in a recent case of epilepsy, interesting from its mal-recognition and subsequent termination, came under my notice last December. From the history it is evident that pre-epileptic insanity had been present:

On the 29th of December I was hurriedly called, at 9 P. M., to a police officer who was stated to have "fits," at his residence. On arriving, I found the patient, a powerfully built man, standing up in the middle of the room, his relatives holding him. He was muttering unintelligibly, but recognized that a stranger had come in, though supposing, at first, that I was the police surgeon of his precinct, with whom he was personally well acquainted. As the number of persons surrounding him, with the intention of restraining him, was evidently a source of excitement, I ordered all but a few to leave, and, slapping him on the shoulder, told him everything would be all right if he would sit down. He obeyed in a dazed and bewildered manner. During my conversation with him, he seemed to awaken out of his dreamy state several times and then would attempt to arise, but could be easily prevented by manual restraint and would speedily forget his intention and continue the interrupted conversation. He looked suspiciously and furtively around and seemed to be suffering from a general oppression and vague fear. His pupils were moderately dilated and the face considerably congested. To an ordinary beholder he would, for considerable periods, give the impression of perfect mental equilibrium, speaking about the details of his duty and the personalities of higher police officers in a quiet, deliberate and apparently intelligent manner. But he seemed to enter into such conversation more with the idea of getting rid of the questioner, and of the restraint which was imposed on him, to prevent his sallying forth to the street. He was dressed in a morning gown, but had thrown his police coat over it and put on

the police hat and was trying the different doors, from which I had had the keys removed after locking them. He then endeavored to go out of the window, laboring under the idea that, as he would be dismissed from the force if absent continually from duty, he had to get out of the house somehow. It turned out that all this time his diseased condition had been recognized at headquarters, and he had, to his own knowledge, been excused from duty several days previous. He now became violent but still discriminated between the members of his family, whom he treated both to physical violence and profanity, and the physician, whom he treated with profanity only. When his wife reminded him of his discourtesy, as a *ruse* to divert his attention from his ideas of escape, he said, "Oh, ——, the Doctor knows how it is himself." One of the children whispered to the other to close a door which had not been locked. He seemed to hear this and started for it. I followed and closed with him to prevent his passage. In attempting to overcome the obstacle which I made to his passing he fell down, then he said, "Very well, I knew I was going to be murdered," and did not get up till I assisted him. I turned him right about in raising him and he continued his search for the open door, but went in the opposite direction and returned to the room from which he had started without noticing it. He became considerably excited about the absence of his shield and watch. His wife refused to say anything about them for fear that he wanted them to go on his imaginary duty with. He became more and more excited, but would pass to other topics and rested in the chair from physical weakness, having fallen to the ground on several occasions. When his wife told him that she had his watch and shield, he seemed satisfied, and began to talk as if he were in the station house, spoke to me as if I had been one of his colleagues, and related incidents and arrests in a wearisome monotonous way. I found now that his tongue was tremulous and deviated to the right side, the facial muscles of the left side were more firmly contracted than the right, but there was no noticeable facial deviation. He again wanted to go out with his hat and in a red shirt, and had entirely forgotten the fact that he had been excused from duty, as was shown by conversation. The sedative I had ordered now arrived. I easily forced him to take the sixty grains of bromide of sodium with five grains of chloral which I had ordered. After fifteen minutes he seemed a little more rational, recognized that he was at home, and was induced to go to bed, after it was proven to him that it was night and not noon-time, as he was supposing.

His previous history was as follows: Half an hour before I saw him he had, while standing, "suddenly craned round" on his left side, his head "twisted" to the left, his eyes "rolling" in the same direction, and he was "perfectly stiff," then he had violent spasms, and "worked" with these several minutes, after "a short spell" he got up and acted as if drunk, continuing to manifest similar symptoms to those which I above described, but had one attack of furious violence before I came. Two days previous (the 27th) he had been relieved from duty and sent home, under some pretext, as it was not easy to reason with him. That he had had an attack of mental confusion was evident, as one of his brother officers subsequently delivered the watch and badge to his wife. He was "flighty" on arriving home, and on several occasions supposed himself at the police station instead of at his house, and reproached his wife with being in the officers' waiting room, and counselled her to go home. On previous occasions he had suffered from violent neuralgia, which increased in severity until he became unconscious or stupid, after which it disappeared and he became flighty. This had occurred within the last five years probably a dozen times, but the only pronounced epileptic attack which he had had was the one following which I saw the patient. He had been a drinking man and the police surgeon had made the diagnosis "alcoholism."

During the night, after receiving the sedative, the patient slept fairly, but awoke twice, and on one occasion went into the street to patrol, and was brought back by another policeman, and the police surgeon again took charge of him. I saw him the following morning, but did not treat him, as his regular attendant had seen him shortly before (prescribing about ten grains of bromide as a sedative). I found the patient half undressed, eating his breakfast, his face extremely turgid and congested, his mind very much confused. He could enter into ordinary conversation for a few moments consecutively.

So far my own observation went. Having occasion to attend another member of the family, I learned that the case had terminated in a very abrupt and unexpected manner. The patient went out in full uniform at ten o'clock A. M. on the 30th and patrolled Fiftieth and Fifty-first streets, without exciting any attention, his behavior not appearing strange at all. His actual "beat," however, was Grand and Houston streets, and toward noon he went to Fifty-third street, stating it to be Grand street. The police surgeon had, meanwhile, ordered him to be taken to a certain hospital. This was accomplished by deception, a neighbor getting him to arrest her little boy, whom he took to the hospital in triumph. Once there, he was placed in a strait-jacket and breathed his last in this apparatus that same evening. According to the family, the marks of the strait-jacket were plainly visible on his body, the skin being chafed and cut in many places.

How otherwise to account for the man's death than on the strength of an over tightly-laced strait-jacket, I am at a total loss.*

This was a case of both pre- and post-epileptic insanity. The death certificate stated the primary cause of death to be "alcoholism,"(!) the secondary cause to be "exhaustion," which latter assignment I cordially indorse, in view of the therapeutical appliance in which the patient expired.

I could add several similar cases, which differ only in exhibiting either more violence or some predominent delusion or hallucination. But this would increase the length of this article unduly. I may refer, as an example of pre-epileptic mental disturbance, to the case of a little girl described in the *Physician and Pharmacist* for August, 1879, who manifested an hallucination which gradually increased in intensity until the convulsive paroxysm exploded. In this case the hallucination finally became intervallary, and disappeared entirely with the disappearance of the epilepsy.†

On two occasions I have been consulted in cases of epileptics who had become hemiplegic after a convulsion, to decide whether they had testamentary capacity at the time. In one of these cases, I was able to answer this question in the affirmative, as, although there were hallucinations and illusions, and otherwise the burden of proof* was on the shoulders of those who would desire to prove testamentary capacity, yet a thorough examination of the mental capacity showed that, with regard to this important transaction, the patient possessed all the elements of memory, judgment and free will, as well as a desire to make a just distribution. In another I could not do so, as the patient had previously suffered from intervallary epileptic insanity and had suffered seriously in his recollection of the past, although, for very recent impressions, his memory was fair, and unless one interrogated him particularly as to his delusions and hallucinations, he appeared to be perfectly himself. In this case, the circumstances of the patient were such that his will would not be very likely to be contested, and a will was made, although I thought it best to notify the relatives that if the will should be contested and any injustice were done in the will, that this document could receive no support from the medical evidence.

A case involving the intervallary and post-epileptic alienations was recently brought up in a surrogate's court. The circumstances were substantially as follows:

A gentleman died at the age of fifty-four in a county insane asylum, leaving a will made in an interval between two asylum sojourns by which his heirs-at-law were disregarded. According to the evidence in the case, he had come to this country as a pennyless, printer's apprentice, and had been received and assisted by the family of

* The family also informed me that the authorities were acquainted with this man's condition and retained him on the force notwithstanding. Now a more dangerous subject for the position of a police officer could not well be conceived.

† In this case an imperfect epileptic attack occurred after a free interval of fifteen months, associated with the identical hallucination. It has again disappeared, and she has been free from attacks three months.

* How much this would have damaged the case of the proponents in such a will, unless a thorough mental examination had been made is evident.

his sister. Through his energy and industry he succeeded in establishing a successful newspaper enterprise, the American News Company, and when his widowed sister was on her death-bed, promised her to provide for her children after her death. He kept his promise and frequently made presents to these nephews after having seen them through school and apprenticeship. Then he married a widow with a large family of grown-up children. Previous to his marriage and up to the period of his death, covering a period of fifteen years, he was shown to have had epileptic convulsions at intervals of from one week to several months. His business associates observed that he forgot important business transactions, claimed to have signed vouchers which he never had signed, and did not recollect having signed others which he had signed, began to become abstracted and dreamy, on one occasion undressing in the office. Then, several years prior to his death, he voluntarily relinquished the responsible position he had occupied for an humbler capacity in the same business. For several days following each epileptic attack he was unable to attend to his business affairs, and this became more and more noticeable as time advanced. On one occasion he had an outbreak of furious mania, breaking and destroying everything within reach, this was followed by a state of alternate excitement and stupor, he yelled that he was being murdered, that they were setting the house on fire, and it required the force of several men to hold him in bed; he, on one occasion, got out on the staircase in his night shirt under delusion of mortal danger. This lasted for several days, when he was transported to the lunatic asylum. The coach driver testified that he induced him to enter the carriage under pretext of taking him out for a drive. When he entered the asylum he manifested indifference to the trick played upon him. The clerk of the asylum, the only witness residing at that institution whose testimony showed observation of the patient's mental condition in agreement with the written record of the asylum, testified that at times the patient seemed clear, at others excited, at others in a dazed and drowsy condition, and that after an asylum sojourn of thirteen days he left the institution physically improved, but in a dazed and dreamy state. There follows a blank of several days, when another witness testified to having seen the decedent, in relation to an important business transaction, several days before he made his will. He found decedent *tremulous*, unable to speak in anything but *monosyllables*, and unable to do anything in the transaction himself, *his wife speaking and acting for him.* Shortly after, decedent made his will, just *eleven* days after his discharge from the asylum, leaving his property to his wife and step-children and entirely ignoring his nephews, the heirs-at-law. In the signature of the will, which I requested the privilege to examine and to compare with the decedent's usual handwriting, extraordinary tremulousness and irregularity were manifested. The lines were broken, one "s" looked like an "e," the scrawl was almost illegible, and the name "George" appeared as if it had been written "Georger" or "Georgia." His ordinary handwriting was a good, clear, average business hand, and he had been in the habit of signing himself "Geo." abbreviating the "George." In the signature there was a gap and covered-up break between the first three letters and the last three, as if the decedent had started to write his usual abbreviation, and completed the full name, (possibly on suggestion). *Nineteen* days after making this will, he was readmitted to the asylum after another attack of violent insanity similar to the one preceding his first admission. The same coachman drove him to the aylum under pretext of driving him to Coney Island. On his reception in the asylum he was found stupid, presenting marked tremors, and for several days he had to be fed with the stomach pump, he refusing food under the delusion that he was being poisoned. His tremor continued, gradually increasing, while his stupor deepened to coma, and he died six days after his admission. I omitted to state that the single record of his mental condition on the occasion of his first admission was to this effect: "His mental faculties have become impaired, is suspicious of those around him, and will sit passively when of a sudden he becomes very violent shrieking in all directions and yelling."

The writer was called as expert medical witness by counsel for contestants (Mr. Lewis L. Delafield), and testified substantially as follows: Decedent was suffering from epilepsy for a considerable number of

years, followed and accompanied latterly by progressive mental enfeeblement, as shown, first, by the testimony of his business associates; second, by the fact that he was no longer capable of filling the higher position occupied formerly, but voluntarily sank to a lower level, where merely routine duties awaited him; third, by the fact that, latterly, he became more markedly incapacitated after each attack. Previous to his first and second asylum admission he suffered from an epileptic psychical equivalent followed by post-epileptic insanity which was joined to an epileptic intervallary stupor more or less complicated by a back ground of dementia after the first attack, and by a gradually deepening stupor terminating in a fatal coma after the second. Taking his condition of mind as a whole it presented a consistent picture of mental degeneration, progressive in character, for it was worse in the interval in which he made his will than before the attack that led to his first committal, and it was still worse after the second committal than after the first. The condition of mind of such a patient, taking it as a whole, could be compared in its descent to the curve of a parabola, the descent, at first almost imperceptible, becomes steeper and steeper at a increasing rate, with each successive attack, until finally, dropping almost abruptly, it terminated in death. The will of this patient was made at a point of this line already very close to the extinction of mental life. At no time during the interval could this patient be considered to have testamentary capacity. If there were no other evidence than that of his hand-writing and the two asylum records, it would be evident that he was suffering from great mental impairment at the time, but in addition we have the strongest confirmatory evidence in the statement of the witness who found decedent reduced to monosyllables in conversation, and either under the influence of, or forced to leave everything to the decision of another person, and very tremulous. It must be recollected that, as regards the tremors, these were first visible to the witness in question, they were next made manifest in the hand-writing of the will signature, they were very evident on the second admission, increasing to the hour of death. It was further to be borne in mind, that he left the asylum in a dreamy state, that his indifference and stupor were worse a week after, that the signature showed, aside from its tremulous character, evidence of grave mental defect, that his memory was so weak on his second admission that the repetition of an old ruse succeeded in decoying him from home, and that his mental faculties became gradually extinguished in a deepening stupor and coma. It was, consequently, evident that, throughout, there was a persistence and deepening of physical and mental impairment.

Such a patient as decedent, suffering from a combination of different epileptic insanities, was peculiarly liable to have certain recollections, particularly of his earlier days (in contradistinction to senile dementia), or of some particular period of life, blotted out or rendered faint, so that obligations contracted to others at such periods would be forgotten. He was also peculiarly liable to be influenced by others, as was shown to have been the case with this particular decedent on the occasion of both committals, as well as in the interval, a few days before making the will. There was a third element influencing testamentary capacity in such patients, a characteristic indifference to what is going on around them. From all this, namely, the absence of memories essential to a due appreciation of natural obligations, the ease with which he could be influenced (designedly or undesignedly) and the indifference to his situation, it was evident that decedent had not, on the occasion when he made his will or at *any* period during the interval, testamentary capacity.

The proponents called the superintendent

of the asylum to which the decedent had been twice committed, on the stand. I reproduce some of his testimony from the stenographic report, as it is in such strong confirmation of what I urged two years ago,* namely, that not only in a pathological and humanitarian sense were our asylums capable of considerable improvement, but that even a proper clinical study of the patients was a *desideratum*. The superintendent testified to having carefully examined this patient and to have devoted from half an hour to an hour each day to him, and yet, on the cross-examination was forced to admit that the history of the patient's mental condition covered *four lines* of the record only. In fact, it was about half as long as the record of the patient's mental state made by the committing physicians on their certificates after a single fifteen minutes' examination! The writer, when examined, was questioned on the face of the evidence and of hypothetical questions based on the evidence, all of which were unobjected to and sustained. The principal hypothetical question of proponent's counsel was objected to by contestant's counsel and stricken from the record on motion, as the alleged facts of such question were not proven. The testimony, as far as it could be called scientific testimony, of the expert witness called by proponent, did not, after this question was excluded, and particularly in view of the cross-examination, materially conflict with that of the writer. If, therefore, I submit extracts of this evidence for the criticism of the reader, it is from no other point of view than to illustrate the restrictions which I have made on previous occasions with reference to the scientific management of our asylums. As the asylum is not mentioned, and the county before whose surrogate the contest was made is unnamed, the criticism must be considered as entirely impersonal. Besides, I refrain from actual criticism myself, leaving it to the reader entirely to form his own conclusions.

This witness testified, "When he (decedent) first came in, he appeared feeble and weak, he talked slowly, but conversed readily, he had *evidently gotten over*, or *almost entirely gotten over* the attack which he had had just previously to that, his condition improved right straight along. He had no attack there after that. He improved steadily, both mentally and physically, until he left." The asylum record referring to the same period and taken one or two days, if not longer, after admission, says: "His mental faculties have become *impaired*, is *suspicious* of those around him, and will sit passively, when of a sudden *he becomes very violent, shrieking in all directions and yelling.*" In answer to another question, he testifies, "I think that in between the epileptic attacks which Mr. Ross had, that he was of sufficient mental soundness to understand what he was doing, and what his relations to his surroundings were."

On the cross-examination he testified: "It was an *acute* case so far that it had come *recently* into the asylum."—"I generally pay more attention to those (patients) whose social condition is very low." The question was asked, "Take the case of a patient who has outbreaks of violence, maniacal threatening, screaming, and sometimes homicidal, for hours at a time, would you say such an outbreak was the *equivalent* of one of these ordinary convulsions?" This was replied to by the following interrogatory, "Do you mean *without there having been a previous convulsion?*" While the witness described the patient to have been half comatose on the second admission, he stated that he pushed people away from him and wanted to be left alone. He further testified, "I think that, for the first day, we tried to get him out of that comatose condition by giving him bromide, but it did him no good, and I told Dr. —— (an assistant) to let him alone altogether, not to

* "Reform in Scientific Psychiatry," *Journal of Nervous and Mental Disease*, April 1878. Also "Real Asylum Abuses," read before the N. Y. Medico-Legal Society, March, 1878.

give him anything. I thought it was *very clear that he was going to die.*"—"No sir, I don't remember giving him hyoscyamus, but I know it is on the record, and *my idea in giving that was because I found, from experience, that hyoscyamus will often stop the* MANIACAL ATTACK *after epilepsy in a very short time.* I have known it to stop it in three hours when a person has been maniacal three weeks." Counsel asked, "Was there a maniacal attack when he was in the asylum?"—Witness, "No sir, but *I thought the* STUPOR *possibly would be relieved by that.*" In the course of the further cross-examination, the witness testified that he did not know what Esquirol said about epileptic insanity, that he had not read Falret, nor know what he had written on; that he had many works in his library which he had not read; that post-epileptic insanity was *mania* following epilepsia; although he had not read nor knew of the contents of Samt's article on the subject, that dementia meant "anything but sensible," and that the only factors entering into calculation in case of patients who might be insane, though apparently themselves to the observer, were hallucinations and delusions.

The writer being called in rebuttal, testified that even patients suffering with dementia could present the appearance of being perfectly themselves to superficial observers, the great Schrœder van der Kolk stating that certain grades of the demented, if properly dealt with, frequently made the most useful servants and handicraftsmen in asylums. That it was a fallacy to believe that, in such cases as that of the decedent, the statement applicable to ordinary epilepsy, or those who suffered from equivalent mental attacks merely, applied with equal force, particularly were there no grounds for considering decedent to have been of clear and disposing mind in the interval when he made his will, and it was with reference to such patients that Leidesdorf* protested in the name of science against the statement made that epileptics were necessarily competent aside from their attacks. In illustration of the former statement made, that epileptics of the kind to which decedent belonged, exhibited a stupid indifference to their surroundings, the opinion of Morel was quoted to the effect, that the intervallary indifference shown by certain epileptics, after crimes committed in the psychical equivalent attacks of fury, led to their condemnation, such indifference being interpreted as callous brutality. It was further stated that post-epileptic insanity was not necessarily mania, but could also be stupor, etc., and further, that *not* delusions and hallucinations, but stupor and loss of memory were the elements which *principally* entered into calculation as an element in the testamentary capacity of epileptics in the inter-convulsive mental states.

Such cases as the one before us are calculated to bring out, in bold relief, the medico-legal importance of the intervallary and post-epileptic mental disorders of epilepsy, which, unlike the psychical equivalents of convulsions or the *épilepsie larvée*, are more apt to come into question in civil than in criminal cases.

They also illustrate a statement made by the writer* on a previous occasion, that while, other things being equal, the continental system of permitting the expert to act as counsel to the court is preferable, yet, that until those who, in America, as asylum physicians, naturally drift into courts as psychiatrical experts, shall rise to the same scientific level as their continental compeers, a judicious use of the hypothetical case, and a little pertinent cross-examination can but further the ends of justice by serving as safety guards against imperfect "expert" testimony.

Great care should be exercised in the study of epilepsy in its relation to civil competency. It is erroneous to believe that delusions and hallucinations are the

* Ueber epileptische Geistes-storung Wiener Med. Taheb, 1875.

* "Real Asylum Abuses."

elements which, in epileptic insanity, modify testamentary capacity most prominently. For the hallucinations, and even the delusions, may be of such a character, in some cases, as not to modify the provisions of a will in the slightest. The most serious mental defect manifested by such patients as the testator was the absence of that power of memory, that independency of will and that appreciation of the importance of his act which qualities together constitute the most essential requisite of testamentary capacity. An author,* whose name is mentioned in the first rank when the medical jurists of America are enumerated, in speaking of "dementia," a name under which he throws different forms of mental impairment together, makes one statement which eminently applies to the case of Ross: "We are to bear in mind, however, that testamentary dispositions imply an exercise of memory. The mind must be able to bring up before it scenes and persons connected with the past as well as the present, for without such ability, persons may be overlooked who would otherwise have held a prominent place in the act, and transactions forgotten which might naturally be supposed to have an effect upon its dispositions. A will which makes no mention of relatives who had a natural claim on the bounty of the testator, and in regard to whom he apparently entertained only the kindliest feelings, creates a suspicion that his memory was at fault, and unless the fact is satisfactorily explained, a strong presumption is raised against the validity of the will."

Those acquainted only with the phenomena of ordinary epilepsy, naturally confound the testamentary capacity of the ordinary epileptic with that of every epileptic, and equally naturally suppose that if the one is to be supported the other is to be supported likewise. A moment's reflection will show the gross fallacy of this conclusion. An exactly parallel case would be that of confounding the testamentary capacity of a man who was in the habit of becoming intoxicated *occasionally* with that of a man who had become demented or otherwise insane in consequence of *long protracted habits* of intoxication. The former would be fully competent to make a will in the *intervals* between his fits of intoxication, the latter would be clearly incompetent. So the patient who has occasional convulsive attacks, or even psychical equivalents of such attacks, if clear in the *intervals*, as epileptics, particularly in the first years of the disease are apt to be, is perfectly competent to make a will, while he who, like Ross, is suffering from a serious mental complication resulting from the cumulative effect of epilepsy lasting for years may not, as the testator in question did not, possess a single one of the elements constituting testamentary capacity.

On a future occasion I trust to continue the consideration of the various phases of epileptic insanity and to discuss the presumable physio-pathological basis of the intervallary forms of epileptic insanity as contrasted with the psychical equivalent and ordinary convulsive attacks.

NEW YORK, 130 E. 50th street.

*Ray. "Medical Jurisprudence of Insanity."

Clinical Reports.

TROMMER'S MALT EXTRACT.

BY W. G. MOORE, M. D.

My observation leads me to believe that the profession generally is too ready with testimonials in favor of new remedies that are put upon the market. And in many cases, I fear, it amounts to a simple indorsement of what the proprietors say of their virtues. These certificates of merit reach the profession through the columns of the medical journals, and are considered sufficient authority for their use in practice. While too much is often said concerning

the value of many remedies, my personal experience with Trommer's preparations of malt convinces me that they cannot be too strongly commended.

Clinical experiment is the crucial test for establishing the therapeutic value of any remedy, and it is upon this test that my opinion of malt extract is founded.

It has been variously combined with digestives, ferruginous preparations, etc., but that with cod-liver oil is perhaps its happiest combination; from the fact that in nearly all cases where the oil is indicated, the malt will be a most valuable auxiliary. Another consideration in favor of this combination is, that the disagreeable taste of the oil is masked to a great degree. It will serve my purpose better to give a few cases in which I have prescribed the malt and oil.

Case I.—Mrs. T. came to consult me in regard to "a general break-down." She was forty-two years old, active, energetic housekeeper with a large family to care for. In appearance, she was thin, sallow and despondent, with cough and leucorrhœa of two years' duration. A long train of dyspeptic symptoms and obstinate constipation which she cared nothing about "as it was *natural* with her." She had no appetite and slept badly. I suspected phthisis, but her family history was exceptionally free from this diathesis, and examination of chest showed the lungs healthy. I regarded the case as one of dyspepsia with its innumerable symptoms and consequent innutrition. I prescribed extract of malt and cod liver oil at meal times. At the end of a week she returned much improved. I ordered the continuance of the same prescription; and if further treatment was necessary to call upon me.

I saw nothing more of her for a month, at the end of which time she came to my office, certainly as much improved as any one could have been in the same length of time. She stated that all of her many ills had vanished and was inclined to think she had never known the meaning of health before. The constipation was entirely gone, her bowels moving regularly every day. She had gained flesh, was cheerful, and loud in her praises of the remedy.

Case II.—S. E., a puny little fellow, nine months old, became a patient of mine last November. His father stated that the little boy had been through the "flint mill," and his appearance certainly corroborated the statement, for he was a perfect type of malnutrition in infancy. He had been bottle-fed and over-fed from the day of his birth. His mother stated that milk had never agreed with him, hence they had resorted to farinaceous foods of all kinds. The skin was dry, harsh and wrinkled. He eat enormously, was peevish and fretful, slept badly and had profuse night-sweats; constipation and diarrhœa alternated.

I suggested that he take half his usual amount of food during the day, and prescribed extract of malt and cod-liver oil with pepsin. Within a few weeks his appearance formed a striking contrast with his former self. He has remained well up to the present time.

These cases might be multiplied, but I deem it useless, since the malt extracts are now justly coming into daily use, and like the cinchona salts will justify their high reputation in every appropriate case. In short, in all atonic condition I consider them of the first importance. For without the medium of a good stomach the treatment of any disease whatever is an up-hill, unsatisfactory process. And in the impaired digestion, which is ever the companion of disease, I know of nothing which comes to the rescue with such efficient aid as Trommer's preparations of malt.

St. Louis, 3125 Thomas st.

CASE OF PRURIGO.

"Iodia" versus Iodide of Potassium.

BY GEO. E. M'COSH, M. D.

About three years ago, Mr. M., aged seventy, came to me for treatment. He was suffering from a cutaneous affection that made life almost unendurable. On examination, I found small, solid elevations, apparently seated within the skin, yet sufficiently elevated to be recognized by the touch, and but slightly redder than the healthy skin. The itching was intense, and the lacerated papules discharged bloody

serum, which rapidly hardened into crusts. A careful examination of the patient, led to the diagnosis of a case of prurigo. Though, contrary to the usual condition of sufferers from this disease, the patient was apparently well nourished, but his general health was poor. Potass. iodide, in doses of ℈ii, three times a day, conjoined with tonics, relieved the suffering after four months of persistent treatment. The annoying symptoms did not return until about the first of January last. On the 20th of that month, Mr. M. again called upon me, saying that he was worse than ever.

His face was considerably disfigured by the large, lacerated papules and crusts, and whole surface of the scrotum and perineum and around the anus was covered with eczematous sores resulting from the intolerable itching. I decided to use the preparation of Iodia, (prepared by Messrs. Battle & Co., of this city), and ordered that it be taken in doses of ℥ii three times a day, with four grains of salicine added to each dose. I have had the pleasure of seeing my patient quickly relieved from a disease so annoying as to prevent sleep. The eczematous patches have healed and a cure accomplished.

Duhring, in his admirable work on diseases of the skin, says, that while prurigo may be cured in the child, in the adult it is an extremely obstinate disease, and may last a life time. Feeling that anything which will relieve the suffering of so intractable a disease deserves the attention of the medical profession, I have no hesitation in recommending the use of Iodia in cases where alteratives are indicated.

St. Louis, 2903 Chestnut street.

Coto Bark is found, by Dr. Burney Yeo, (London *Practitioner*), to arrest the diarrhœa of the latter stage of phthisis. He uses the fluid extract in doses of from five to eight minims; two or three doses have usually sufficed.

DISPENSARY OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Surgical Clinic of Prof. L. Bauer, M. D.

REPORTED BY J. T. LAREW, M. D.

LARYNGEAL TUMOR INTERFERING WITH RESPIRATION AND DEGLUTITION — LARYNGO-TRACHEOTOMY.

The patient is a lady twenty-nine years of age, below the average in intelligence, moderately well nourished and regular in her menstruation. Her left knee is anchylosed, and to fill the measure of her misfortunes, about one year ago she began to experience difficulty in respiration, which gradually increased until her life was threatened by suffocation.

During her most quiet moments her breathing was labored and noisy and her voice husky, the least exertion materially aggravated her distress. Ascending a stairway, for instance, caused almost unbearable dyspnœa.

Each attempt at swallowing solid or liquid food was attended by a fit of violent coughing, strangulation and cyanosis; hence, for forty-eight hours previous to her call on Dr. B. she had abstained from all nourishment by mouth.

A laryngoscopic examination by Drs. Porter and Bauer disclosed the following conditions:

By the aid of the laryngoscope, a large mass, in outline smooth and regular, and unyielding to the touch of the probe, fills the entire posterior part of the space immediately below the vocal chords. Extending well to the front, it occupies at least two-thirds of the intra-laryngeal region. It is firmly attached by a broad base to the left posterior part of the larynx, just below the chord of that side. The left chord is immovably fixed near the median line, and is drawn downward, as though the inferior surface were already implicated. The right chord moves freely, and by approximating the other one already held in position, phonation is possible.

As an opening in the wind-pipe was deemed necessary to save life, it was decided to lay open the larynx and remove the tumor with the galvano-cautery, if found practicable.

The operation was performed at this institution on February 14th by Prof. Bauer, Dr. Wm. Porter kindly assisting. After the trachea had been reached and the bleeding stopped, it was freely opened and air admitted to the lungs. The larynx was then divided, in the median line, its full length and the walls held apart by means of threads passed through the cartilage of each side, thus exposing the cavity. The tumor was found to be immovably connected by a broad base with the cartilage of the left side, its apex projecting over to the front and right side of the laryngeal cavity. Judging from the firm structure and seat of the tumor, it was thought to be an enchrodroma. Its removal would have necessitated the excision of the entire larynx, which, under the circumstances, was not deemed commendable. A tube, therefore, was inserted into the trachea and the wound closed above and below with sutures. The patient has since done well. Now, three weeks since the operation, the wound is almost closed and the tube is borne without material inconvenience. Sufficient air passes through the larynx to enable the patient to speak in a whisper. The distress accompanying deglutition has subsided, proving its reflex character.

Prof. B. referred to excision of both the larynx and pharynx as introduced by Billroth, of Vienna, and to a similar operation performed by a New York surgeon upon a citizen of this city. "But in those cases cancerous tumors were the objects of such formidable operations, which, in all probability, does not exist in our case; nor has the patient the means to supply herself with the expensive apparatus necessary as a substitute for the larynx."

ENORMOUS HYPERTROPHY OF THE MAMMARY GLANDS.

The patient belongs to the Semitic race, fourteen years of age, and proportionately well developed; is in a good state of nutrition, but has not yet menstruated, though some preliminaries have of late appeared.



About a year ago her breasts began to increase in size and soon became so large as to attract the attention of her mother and relatives. A physician was consulted, but it seems that he overlooked the true character of her trouble and directed his efforts toward inducing menstruation, which, however, failed of success; in the meantime her breasts continued to enlarge.

Eight weeks ago, when Prof. Bauer was consulted, he found the glands of enormous size, the right larger than the left, firm and surrounded by masses of adipose tissue, which extended backward into the respective axillary regions. The form, color, temperature and sensation were normal.

The weight, however, caused the patient to assume a stooping gait.

In commenting on the case, Prof. B. referred to the fact that, while the human breast is a favored locality for tumors, especially of the cancerous variety, essential hypertrophy is certainly of rare occurrence. This was the first case he had met with in a long and eventful surgical career. The rarity of this lesion was affirmed by all surgical works that had come under his cognizance.

One case was on record in which a lady having one breast hypertrophied was confined, but the affected gland did not take on its proper function.

The cause or causes of this monstrous growth were obscure; he had not succeeded in finding them out in this case.

Thus far the general health of the patient had apparently not suffered, but if the growth should continue there must come a time when the system would fail and amputation become necessary to save life, as had been the case in all like affections that had come to his knowledge.

In the present instance no such emergency as yet presented itself. Time was afforded to try some milder means and methods.

Iodine was held in great esteem for promoting resolution, and it is said that when used persistently in increased doses it will produce atrophy of these glands. A similar effect is claimed for ergot. Inasmuch as the latter has a specific effect upon the uterine functions he would combine and administer the two as follows:

℞ Potass. iodidi, - - - - - ℥ij;
Ext. ergot fl. (Squibb's) - - ʒss;
Sacch. Alb. - - - - - - ʒss;
Aquæ destil. - - - - - - ℥vi.

M. Sig.—One tablespoonful three times daily.

He hoped, however, more from persistent local treatment, and with this view he should frequently resort to hypodermic injections of ergot and methodical compression by adhesive strips and elastic bandages. Her diet should not be interfered with.

This treatment has now been continued for about two months. The dose of the medicine has been gradually increased until now the patient takes double the original quantity. Her general health remains undisturbed, menstruation has twice appeared and has been normal in quantity and duration. Both glands, particularly the left one, are softer and smaller than before. There is a noticeable change for the better. Treatment is continued.

Prof. B. expressed his regret that prior delay had been allowed, as early interference would, in all probability, have shortened the morbid action. From the result thus far attained, however, he felt encouraged to hope for a successful termination.

The progress of the case will be duly reported.

UNIQUE VARICOSE DISTENTION IN THE PAROTID REGION—DIFFICULTIES OF DIAGNOSIS.

A farmer from Illinois, aged twenty-five years, exhibited a well-defined tumor in the left parotid region of sixteen years' standing. It excited considerable interest on account of its variable size, long duration and the discordant opinions rendered by a number of qualified practitioners as to its nature.

The tumor extended from the zygomatic arch downward five inches by two and one-half in width; was oval in shape, soft, and surrounded by healthy integument. It evidently contained fluid, but not in sufficient quantity to make it tense and elastic. Its size was diminished by firm pressure over the surface and increased by the patient bending his head forward and downward, the fluid seeming to escape to and return from deeper parts, notwithstanding that the tumor was located without the ramus of the lower jaw.

Close manipulation produced no pain, but disclosed the presence of a small hard body within the sac of the tumor. Compression of the tumor caused an increased flow of saliva. A fine probe was passed

into the duct of Steno several inches, so that its point would be felt in close proximity to the tumor, but did not enter the cavity. To solve the mystery, Prof. B. entered the tumor with a hypodermic needle and drew off a sample of its contents, which proved to be *venous blood!*

The tumor is then, in reality, a venous distention, a *varix*, which we did not anticipate at such a locality. We do not remember having met in literature a similar instance, nor were we prepared to meet it on this occasion. Candidly speaking, we had anticipated pent-up saliva from transient mechanical obstruction, and we looked upon the foreign body detected in the sac as the original cause, though we failed to explain the escape and return of the fluid by that diagnosis. We could not fall into the same error as some of our confrères of mistaking the tumor for aneurism, since there is no pulsation or bruit noticeable, nor do we find circumferential induration of the sac, which we should expect to find in an aneurism of such long standing.

The prognosis seems, to us, not unfavorable. A spontaneous rupture of the varicose sac is not to be expected, since there is no inflammation nor attenuation going on in its neighborhood, nor is it growing, according to the statement of the patient, and since he suffers no inconvenience from the growth, he probably will prefer masterly inactivity to any interference.

In all probability, the difficulty arose in valvular defects, but since we will have no opportunity to fathom the pathology, we do not choose to substitute hypothesis. If the patient desires it, we will try the subcutaneous injection of ergot around the varix, for which we have the authority of B. Langenbeck and others. How the remedy effects the closure of such large cavities we do not know, but that it does it, has been assured by trustworthy observers.

It would be an easy task, by a Galvanic current, to prompt the coagulation of the blood, but, so near to the heart, we are apprehensive of embolism. An operation would only be warranted under impending danger, which at present is far from existing. We are fully persuaded that the varix is connected with branches of the internal jugular vein, since we have not succeeded in interrupting the supply by compression above the tumor, nor increase its distention by compressing the external jugular.

CYSTIC TUMOR OF THE LABIUM MAJUS—EXCISION OF THE GROWTH.

A lady, forty years of age, presented a large elastic, movable tumor of the left labium majus. Her previous attendants had pronounced it inguinal hernia, but it proved to be a cystic tumor, and was removed by the knife.

Cystic tumors at the locality named are of common occurrence, and generally ascribed to obstruction of the mucous glands that are there of exceptionally large size. They often give rise to circumferential inflammation and suppuration of the cyst with subsequent fistula.

Extracts and Abstracts.

DEXTRO-QUININE IN PERIODICAL HEMICRANIA.—Dr. C. A. Bryce, editor of the *Southern Clinic*, writes: I was called to see a little son of Mr. Charles Lankford, of this city, several months ago, who complained of headache in the right side of his head and through the right eye. His sight was imperfect while suffering from the pain, and there was decided periodicity about the attacks, being much worse every other day; his nose would bleed very often when he was troubled with the headache. From the history of the case I regarded this as a neuralgic hemicrania of malarial origin. I accordingly prescribed quinine, iron and hyoscyamus; I found no improvement, but an increase of the head trouble with more hemorrhage from the nose. I then put him upon quinine alone; his head continued to be congested and nose would bleed frequently. I then discontinued the quinine and put him upon ergot and bromide potassium. This seemed to check the hemorrhage to some extent but the headache and

imperfect vision remained. I then discarded all remedies and put him upon 3 gr. doses of dextro-quinine (Keasbey & Mattison), three times a day. I am pleased to report that after the second day's use of dextro-quinine the hemicrania was entirely relieved, nor has it since returned; the eyesight became perfect, the bleeding from the nose has occurred but once since.

This boy could not take quinine without producing congestion and necessarily hemorrhage. Dextro-quinine obviated the difficulty and cured my patient.

"Galloping Syphilis."—Dr. F. R. Sturgis, of New York, read a paper before the last meeting of the New York State Medical Society, on the so-called galloping syphilis, and referred to those cases of rapid and malignant disease where the deep and severe ulcerations occur a few months after the initial lesion, and where the early manifestations are either slight or else entirely absent. He assigns the continuous effects of alcoholic poisoning, old age, mental depression, bad hygiene, and scrofula as among the principal causes in determining this condition in syphilitics. It is nearly always associated with cachexia.

He gave the history of two interesting cases from Charity Hospital on Blackwell's Island, where ulcerative syphilis came on in each instance two months after the appearance of the initial lesion; in the first case being preceded by an erythema, and in the second by none. The author went on to speak of the treatment, insisting on the combined use of mercury and iodide of potassium, and pushing both remedies to the utmost limit that the patient will safely bear without the development of toxicological symptoms. In cases where iodide of potassium is not tolerated, he recommends the internal use of tincture of iodine. He also lays stress, in conclusion, upon the use of tonics and a nutritious diet in such cases.—Boston *Med. and Surg. Journal.*

Treatment of Puerperal Peritonitis. Dr. R. B. Davy, of Cincinnati, reports (*Obstet. Gazette*, Feb. 1880) a serious case of this formidable affection which recovered within a week. The treatment was large doses (equal to from 2 to 5 grains every hour) of quinine; bi-meconate of morphia, to relieve the pain; and assiduous application of the hot vaginal douche of plain water. He says: "The importance of giving quinine in these cases cannot be overrated. That ordinary doses have little or no effect in such an aggravated condition, I have no manner of doubt. The agent should be given promptly and fearlessly, as, for instance, we had to deal with a congestive chill; and it should not be discontinued (unless the stomach should revolt), until the object for which it is administered is attained." He uses a solution, bi-meconate of morphia, which is less irritating to the stomach than morphia or laudanum, and may be made of the same strength as the latter.

The quinia must be given *early* in the disease, before exudation has taken place. The injections into the uterus and vagina should be of water that has been boiled, to render it antiseptic, and cooled to the proper temperature, which should be as hot as can be borne. Free ventilation must be secured, and alimentation carefully looked after.

Menthol is a crystallizable body deposited from Chinese oil of peppermint on exposure to cold. It has a definite chemical composition, being, in fact, the camphor or stearoptene of peppermint oil. It is but slightly soluble in water, to which it imparts its characteristic smell and taste, but dissolves readily in alcohol, ether, and oils, both fixed and volatile. It melts at about the temperature of the body, and when further heated volatilizes without decomposition. It possesses similar antiseptic properties to those of its homologue thymol. Strong oil of peppermint painted over the part has long been a favorite mode of treatment in China for gout and neuralgia. The Japanese "Po-ho-yo," or neuralgia remedy probably contains menthol.—*London Lancet.*

Hyposulphites of Lime and Soda have been vaunted as specifics for phthisis. Dr. Coghill (London *Med. Record*) finds such claims entirely unfounded. He thinks that when they are judiciously employed they have valuable tonic properties, promoting appetite, digestion and assimilation, particularly of fatty articles of food. They neither arrest, when in progress, nor promote repair, when stayed, by any specific action, any of the forms of phthisis—tubercular or pneumonic.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - MARCH, 1880.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

THE CLINICAL RECORD.

With this number our journal completes its sixth year of publication. It has successfully passed through a period of great financial depression, and in the midst of the darkest times it has enlarged its volume and pursued a course of unswerving independence.

The CLINICAL RECORD *is not an organ.* Its editor's connection with a new college enterprise shall not induce him to look with leniency upon any dereliction of duty on the part of the faculty of that institution, and he holds himself in readiness to sever the ties which bind him to it, should any deviation from the highest standard be at any time even contemplated. The college was an outgrowth from the sentiment in favor of the higher standard so persistently advocated by this journal, hence the existing obligation is toward the journal, not the reverse.

The CLINICAL RECORD, in the future as in the past, will be unsparing in its treatment of abuses in the medical profession or which threaten its usefulness, honor or dignity from without. The public administration, so far as it is concerned with sanitary affairs, will be carefully watched, and candid criticism will be freely made of the measures proposed and of the methods by which health matters are conducted. Having no favors to ask from health officials, State or national, we shall not spare the "chastening rod" whenever its application seems indicated.

Believing that the highest standard of medical education requires the best preliminary qualification of those who propose entering upon the student's career, we shall advocate a preliminary examination of matriculants of the same character as that required by the Royal College of Surgeons of England. We believe three years of study and three lecture terms are insufficient for the purpose of giving such an education as should be given, hence we hope soon to see it extended to four years.

As heretofore, every advance, either in the theory or the practice of medicine, will be duly chronicled. Special attention will be given to preventive medicine and the causation of disease.

We have the promise of articles from the pens of many distinguished American physicians for the new volume. Among these, the admirable series on embryology, by Professor Spitzka, of New York, will probably be continued through the volume, of which it will form a most valuable feature.

Books, as they appear, will be noticed as their contents seem to deserve. Our readers may safely believe that no desire to obtain the favor of publishers will interfere with our statement of the worthlessness of a book which has no value. If publishers assume the risk of issuing trash, they shall have no help from us in effecting its sale. An imposition of this kind shall not escape

exposure, even should we not be furnished with a copy for review. Good books will not claim our attention to such a degree, but we purpose looking after the interests of our patrons in order that they shall not be led to invest their money without a prospect of some *quid pro quo*.

With gratitude towards our supporters, and a hope that we shall continue to merit their favors, we close our sixth year with the brightest prospects before us.

ARISTOTLE.—We find the following in the *Republican*, of this city:

"In the trial of a case in Judge Wickham's court, yesterday, a female witness who followed the business of a midwife, in answering questions touching her qualifications in that regard, testified that she had read Aristotle's works, in three volumes. She read them in Cork, Ireland, where Aristotle used to live, but she never saw him there. He lived principally in London and Liverpool, where he published his works in the English language. There is evidently something wrong in the history of that distinguished philosopher."

This female "expert" is worthy of having her opinions placed upon record alongside of that other celebrated aphorism of a St. Louis "expert:" "Insanity is a disease of the neurine batteries of the brain." By the way, we learn from a Randolph county newspaper that even this has been improved upon by a country medical expert in the Hayden Brown murder trial, as follows: "Insanity is a disease of the *neuril* batteries of the brain!" It may be of interest to state that "neuril" is the name of a quack remedy for neuralgia that has had some local reputation. As some enthusiastic advocate of the conservation and equivalence of orces has observed: "Who can estimate the power of a great idea?"

THE home organ(?) of the St. Louis Gynecological and Obstetrical Society reports that one of the members thereof presented thereto, at one of its regular meetings, "a pair of farrier's forceps" for the admiration and delectation of its members. We are glad that the members were pleased with the "farrier's forceps." It is every way likely that the exhibitor would make a much better "farrier" than physician! It is not supposable that the "needle forceps" of Tarnier was intended, for the "farrier" obstetrician and gynecologist (ought we to rightly write it "veterinarian?") is a stockholder, and occasionally occupies the editorial chair of the organ aforesaid.

Book Notices and Reviews.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI, at its Twenty-Second Annual Session, held at Columbia, Mo., May 20 and 21, 1879. 8vo. pp. 144. St. Louis: McCormick, Nixon & Co. 1879.

Thanks to the courtesy of a friend, not to the publication committee of our redoubtable State Association, we are enabled to inspect the last volume of "Transactions" and present an analysis of its contents to our readers.

We have carefully looked over the minutes of the first day's proceedings, but find no record of the squabble over the election of officers, which was *the* prominent feature of the meeting. One professor from St. Louis, we are informed from a trustworthy source, made a special journey to Columbia on the day before the Association met, for the one purpose of electioneering in favor of his candidate; he had his nominating speech carefully prepared, after delivering himself of which and participating in the election, he quietly withdrew to raise his voice no more in the "scientific" proceedings of this illustrious body. The offices were pretty equitably divided between the adherents of the two St. Louis societies, which seems to have been the grand object for which this great assemblage of "gentlemen, come with the victor's wreath, fresh

twined about their brows," * seems to have been convened. Such paltry motives as moved this *pseudo*-scientific body can have no effect other than to throw discredit upon all similar assemblages, however worthey they may prove themselves to be.

Of the twelve "reports" and essays read before this assemblage of "victors," *ten* were by residents of the city of St. Louis! This is such evidence of the truth of the statement that the title of the Association is, to put it mildly, a misnomer, that there is very little that need be said in confirmation thereof. It is, however, rather strange that the profession of this great State should allow its "representative body" to be captured by a band of St. Louis "wire-workers." When the fact is stated that this has been done for a decade, we cease to wonder that the physicians of Missouri should abandon their Association to a "ring" of self-advertising specialists. It is possible that it may again become an instrument of usefulness in the hands of the profession, but the "country doctors" must rally in force and turn the usurpers out of the comfortable places they have provided for themselves.

That specialism was "to the front" is proven by almost all of the essays printed. We do not purpose advertising the specialists, leaving that to the Transactions, but shall content ourself with some pertinent quotations:

"When specialists have obtained better recognition in the profession, then we shall have our great surgeons to adore" (p. 36); this is pretty, but what does the specialist mean? On the next page is a reference to "Antiseptic Treatment of *Emphyzema*," credited to the *Monthly Abstract*, Sept. '78. This seems to be a hybrid between eczema and empyema; which would be a remarkable pathological curiosity!

On page 42, a writer alludes to a new-fangled pessary, of which he is the inventor, and grieves that Tiemann & Co. would not make one at a less price than thirty-six dollars, which seems to have had a depressing effect upon the pessary inventor, for he says, "So the child of my fond hopes was 'born to blush unseen, and waste its sweetness on the desert air.'" We have to regret that this "sweet-scented" pessary was "so soon done for" by Messrs. Tiemann & Co. A child that wastes its sweetness on the desert air, or a pessary that blushes would be, to say the least, decidedly unique.

The State Association specialist never lets an opportunity pass of exalting himself at the expense of that rare individual, "the general practitioner." We include the "eminent physician" under this head (p. 48): "I have seen very serious mistakes made by eminent physicians in regard to the treatment of patients suffering from laryngeal tumor, but supposed to be suffering from other causes, the patients succumbing under the influence of such treatment. This tumor, taken from the larynx, is from a patient who, during life, had been treated in that way." It was certainly unfortunate that the "eminent physician" did not have the opportunity of treating his case *post mortem* as well as "during life." In such case this specialist would not have had the "very beautiful specimen" to exhibit at this meeting as a trophy of superior diagnostic ability.

A *soi disant* orthopedic specialist endeavors to correct the nomenclature of a certain affection well-known under the term pseudo-hypertrophic spinal paralysis. In this affection there is progressive loss of the power of voluntary motion, and the lesion is, in all probability, situated in the central nervous system. If these factors are not the same as those of other forms of paralysis, we are certainly unable to perceive anything essential to paralysis. The specialist will please permit the expression of our mild dissent from his conclusion tnat *paralysis*, in this disease, is an unfortunate title. He states (p. 102) that it "is a dis-

* *Vide* Mayor Watson's Address of Welcome, p. 5.

ease obnoxious to youth," which is probably true; most serious, hopeless, fatal affections are obnoxious to the human race generally, and to youth especially. That youth is particularly *obnoxious* to this disease is, also, proven by recorded cases. The proper use of terms is always desirable, particularly so in an assemblage of "victors" like the one under notice.

We are always pleased to find terms—unusual ones, at least—properly and specifically defined. This may not always be necessary before a learned assemblage. Elementary terms, unless they are used in some unusual way, may be left to the first-course student. However, if the essayist have any reasonable doubt of the intelligence of his audience he may properly be pardoned, should he take up the time of his hearers and the pages of the "Transactions" with reduplicated definitions like the following (p. 106): "By the term 'mydriatics' is signified those therapeutic agents which, when applied to the eye, possesses the specific power of dilating the pupil; a mydriatic is, therefore, a dilator of the pupil." This is a gem, in its way, and will repay careful study.

Dr. W. H. Bryant, of Independence, has a short, practical paper on Bright's Disease. The title of Dr. Bryant's paper is omitted from the table of contents, and his residence is not mentioned in connection with his article. No advertising for the "*country* doctor!"

We have inspected many a dreary volume of State medical society transactions, but for something unique in the way of aridity and barrenness, commend us to the Transactions of the Medical Association of the State of Missouri, for the year of Grace 1879. We find the name of ninety-five living physicians upon its list of members, twenty-eight of whom reside in St. Louis. As there are nearly three thousand regular physicians in the State, the character of "representative body" cannot be accorded this Association.

CLINICAL LECTURES ON THE DISEASES OF WOMEN, Delivered in Saint Bartholomew's Hospital. By J. Matthews Duncan, M. D., LL. D., F. R. S. E., Etc., 8vo. pp. 175. Philadelphia: Henry C. Lea. 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, $1 50.

Dr. Matthews Duncan has obtained for himself a very high place in the estimation of gynecologists, and if hard work, dogged perseverance and a mind well cultivated in the special branch of medicine he has chosen give one title to our respect and admiration, then he certainly deserves both. It has seemed to the reviewer that it might have been better for Dr. Duncan's reputation, certainly for his readers' enjoyment of his writings, had he not collected quite so many formidable statistics, and had given *results* without so many preliminary flourishes of his pet tabular statements. However, we are gratified to observe that, in the little book under consideration, he has left out his statistics and come at once to the point, something that must add greatly to his success as an author on this side of the Atlantic.

These lectures first appeared in the *Medical Times and Gazette* and in the *Medical Examiner*, and were received with much favor. They are written in a style at once easy and familiar, which adds greatly to the pleasure of reading them.

Lecture I, on Missed Abortion, is, like the next, on an obstetrical subject. By missed abortion he intends the non-occurrence of labor until weeks or months after the death of the fœtus. He states that a decomposed fœtus is seldom *putrid*, never until after the access of air to the dead body, thus rectifying a very common mistake in obstetrical writing.

Chapter II, on Abnormal Pelves, is a most excellent one, and gives the most common-sense-like directions for pelvimetry we have yet seen.

Chronic Catarrh of the Cervix Uteri is treated of in the next chapter, but not a word is said about laceration of the cervix

in its etiology. He warns against prolonged treatment: "If, after two or three trials, which may extend over several weeks, you fail to effect a cure, you had much better give up further meddling in the matter. You do no good to the disease or to the patient; you may, indeed, by frequent and prolonged irritation, produce a tendency to cancer."

Chapter IV, on Ovaritis, is decidedly unsatisfactory, like every chapter on the subject it has been our fortune to read. The ease with which our author is able to grasp and examine the normal ovary is, to say the least, rather surprising to less skilfu gynecologists. It seems Dr. Duncan usually has no difficulty in finding out all about those obscure organs. He still reserves his opinion with respect to Battey's operation, which he calls "spaying," and relative to which he does not name the American author or advocate.

Perimetritis and Parametritis are next considered. We dislike these terms and are able to find no good reason for retaining them. Strangely enough, he says nothing about the use of vaginal irrigation or the hot vaginal douche in the treatment of pelvic cellulitis, but seems to rely upon rest in bed, poultices and blisters. Dr. Duncan's patients would probably be benefited if their physician could be induced to read such books as those of Sims and Emmet. His students at Bart'le'my's will read them, we hope, and treat their cases of cellulitis by the American plan.

The eighth chapter, on Painful Sitting, collects a number of cases characterized by this symptom, which he holds is as good a descriptive name as dysmenorrhœa.

The ninth, on Aching Kidney, Pyonephrosis and Stricture of the Urethra, is a readable and suggestive one. Aching kidney evidently needs further investigation, while a study of Dr. Skene's book would doubtless prove of advantage relative to future cases of urethral disease in the British metropolis. "Irritable bladder," he believes, is generally dependent upon some condition outside of that viscus. He is strongly of the opinion that no change of position of the uterus, no distortion, no pressure of an ordinary kind, causes irritation of the bladder.

In Chapter XII, on Vaginismus, he describes what he thinks to be a variety of lupus, or some allied affection, which causes great sensitiveness. He has no belief in the cutting away of the hymen (Sims), or that such operations have any influence in a simple, pure, neurotic vaginismus. The lupoid cases are not altogether hopeless, although his success in treating them has, as yet, apparently been but partial.

The next chapter, on Spasmodic Dysmenorrhœa, is a good one, although the hysterotomists will not derive much comfort from it. He claims that spasmodic dysmenorrhœa has an analogy with spasmodic asthma, which is probably true. At all events, we are very certain that all forms of dilation and cutting the cervix uteri will fail to effect a cure in many cases. The subject will bear a great deal more investigation. Dr. Duncan shows conclusively that the mechanical theory will not account for the observed phenomena.

Hepatic Disease in Gynecology and Obstetrics occupies one of the best chapters in the book, but we have no space to give a proper digest of its contents.

Fibrous Tumor of the Uterus and Cancer of the Body of the Uterus, have been so thoroughly treated of in recent gynecic literature as to require only a passing allusion in this place. He is convinced that in most cases of uterine hæmatocele the blood comes from a mucous membrane and flows through a Fallopian tube into the peritoneal cavity. He omits to mention the occurrence of hemorrhage from new-formed vessels in inflammatory conditions, which, doubtless, is often its source.

Chapter XVII is devoted to Parovarian Dropsy, a disease not always easy of recog-

nition, but certainly of the greatest importance to accurately discriminate.

A case of ruptured ovarian cystoma followed by death and autopsy forms the subject of the next chapter. Respecting the question whether to perform ovariotomy or not, the author makes some very judicious remarks well worthy of being carefully studied by all enthusiastic operators.

In the last chapter, on Procidentia Uteri, the author incidentally remarks upon the retrospective diagnosis of childbirth. Remark is also incidentally made of the small discomfort occasioned in many cases by complete procidentia, while all sorts of ills are attributed to slight displacements. It would seem that there must be something wrong in the reasoning or the facts of the pessary maniacs.

Altogether, Dr. Duncan's book is one well worthy of perusal by every one interested in diseases of women, while the reader of medicine in general will find much to both please and instruct in its fresh and brilliant pages.

A Manual of the Practice of Surgery. By W. Fairlie Clarke, M. A. and M. B. (Oxon.), F. R. C. S., Assistant-Surgeon to Charing Cross Hospital. From the last London Edition, Revised and Edited with additions, by an American Surgeon. 8 vo. pp. 316. New York: Wm. Wood & Co., 27 Great Jones street, 1879. St. Louis: C. C. Pease, Agent, 514 Olive st. Cloth, $1 00. Sold only by subscription.

English surgery is well represented in literature, from elaborate works down to text-books. Perhaps there is a place left for a compendium for students. If the author designed to fill this vacuum he has fallen short of realizing his object. Such a compend requires the pen of a experienced surgeon and teacher, to which Mr. Clarke can lay no claims. Brevity is said to be the soul of wit, but the one without the other is worthless. All the author's struggles at definitions have been "love's labor lost;" his descriptions of diseases are dim; his differential diagnosis leaves his readers in the sad predicament of the "babes in the wood;" and his treatment sends his patients to the *purge*-atory. The author suggests nothing new, and the known he presents in an indefinite form. With laudable honesty he confesses his ignorance as to the character and pathology of scrofula, yet he flourishes the "strumous diathesis" on every page..

The end of the volume is made up of a ferrago of prescriptions which are absolutely worthless to any first-course student; as for imbeciles, we cannot answer.

From all we must infer that Mr. Clarke had the irrepressible ambition for authorship, for, as Byron says:

"It's pleasant, sure, to see one's name in print,
A book's a book, altho' there's nothing in't."

Evidently his work was designed exclusively to lay upon the table of his waiting room for the inspection and admiration of his patients; out of charity, there it ought to have remained. It is beyond our comprehension why such sagacious publishers as Messrs Wood & Co. should have encumbered their excellent collection of "Standard Medical Authors" with this creation, or was the republication mainly intended to hang a cover around the redoubtable "plaster-jacket?" And is it for this reason that the name of the American editor has been withheld? L. B.

A Manual of Physical Diagnosis. By Francis Delafield, M. D., and Charles F. Stillman, M. D. 4to, pp. 30. With one superimposed plate. New York: Wm. Wood & Co., 27 Great Jones st. 1878. St. Louis: C. C. Pease, Agent.

It is unnecessary, in this connection, to call attention to the necessity of making a correct diagnosis. In late years the paramount importance of this branch of the profession has been felt and corresponding efforts made by its members to facilitate its study, both by books and instruments. We have before us a work of this kind and take pleasure in commending to the notice of

the practitioner, and the student particularly, this unique and useful work on Physical Diagnosis. The author does not claim originality in its entirety, excepting the drawings, the idea of the superimposed plates and the intercalation of blank leaves being an old one, though newly applied. Altogether it is a brochure, worthy of the author's recognized ability as a diagnostician, and much credit is due him for the design. It is a question, however, whether the superimposed plates are as practical as might be desired, though another distinctive feature, viz: the interleaving, will prove exceedingly useful. The contents and arrangement of the work are quite similar to other manuals, as, for instance, Loomis'; varying, however, in the order and the treatment of the different subjects. It is admirably adapted to the needs of the teacher and pupil; particularly is such a work valuable to a student where there are opportunities of frequenting the wards of the hospitals. The notes thus taken will prove of inestimable value, especially where the student expects to practice remote from clinical advantages. It will be a sort of skeleton to which he can attach his own observations. Though there are works that treat the subject matter at greater length, we know of none that is more simply arranged, more concise and comprehensive. The aim is to make the subject clear and assist in the thorough understanding of the principles of the science and art of Physical Diagnosis. We cordially recommend the manual to the profession. R. M. F.

THE STUDENT'S GUIDE TO THE DISEASES OF WOMEN. By Alfred Lewis Galabin, M. A., M. D., F. R. C. P., Assistant Obstetric Physician and Joint Lecturer on Obstetric Medicine to Guy's Hospital, Etc., Etc. 12mo. pp. 370, with sixty-three illustrations. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth, $2 00.

This book sets forth claims to being a guide to the study of diseases of woman, and especially adapted to students. Omitting many of the operations found in standard works on surgery, an exception is made in the operation for ovariotomy. One of the reasons assigned for the giving of a full history of this operation, is, that the advantage arising from the use of antiseptics is in advance of the old methods not usually mentioned in students' text-books on surgery.

The work commends itself as a hand-book to the student and it can be studied with profit, except that part where inflammation is reckoned as the chief factor in some of the affections of the womb. In this the work is behind the advance of the times, as this theory has been abandoned by most of the writers upon gynecology. This work especially commends itself by its arrangement, illustrations and simplicity. L. H. L.

LITERARY NOTES:—

THE *College and Clinical Record*, is the title of a new medical monthly published in the interest of the students and alumui of the Jefferson Medical College, Philadelphia. It contains sixteen pages, same size and style of the CLINICAL RECORD, and is edited by Drs. R. J. Dunglison and Frank Woodbury. Publishers: Claxton, Remsen & Haffelfinger, 624 Market street, Philadelphia; subscription, $2 per annum. The second number contains a portrait of the late Professor Jas. Aitken Meigs. We give our diminutive namesake a cordial welcome.

THE *Galveston Medical Journal* has been revived, after a sleep of eight years, by its old editor, Prof. Greensville Dowell, M. D., assisted by Drs. J. F. Y. Paine and T. J. Heard. Terms, $3 00 a year; address the editor as above. It is certainly a most remarkable publication. The editor-in-chief states: "We edit it for the exchanges and books for review, to which we will give close attention." No more copies are printed than are necessary to supply subscribers and exchanges. The first number contains thirty-two pages, and is a most astounding specimen of original orthography, typography and amusing self-assurance. The statement that "there are over 25,000 physicians in this State" (Texas), is one that will scarcely bear close inspection. This would give the "Lone Star State" one third of the physicians in the Union. Probably the types are at fault.

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